



Urban District of Rothwell.

York

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH
(HUGH STEVENSON, M.B., C.M.)

AND THE

SANITARY INSPECTOR
(T. WILSON, Cert. S.I.B.)

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Rothwell Urban District Council.

ANNUAL HEALTH REPORT. STATISTICAL MEMORANDA FOR 1937.

Area in Acres	..	..	..	..	..	..	10,695
Population (Mid Year, 1937)	..	..	..	..	..	..	24,350
Number of Inhabited Houses in District at end of 1937	..	..	..	..	..	..	6,665
Rateable Value to General Rate on the 1st April, 1937	..	..	..	..	..	..	£95,833
Sum represented by a Penny Rate	..	..	..	..	..	..	£340

BIRTHS (LIVE).

Legitimate—189 Males, 156 Females	}	..	..	..	..	..	351
Illegitimate— 5 Males, 1 ..							
Birth Rate	..	..	..	..	..	..	14.41

DEATHS.

120 Males, 145 Females	..	..	..	..	..	..	265
Death Rate	..	..	..	..	..	..	10.88
Specify any unusual or excessive mortality during the year	..	..	..	..	..	..	none
Infectious Disease Death Rate	..	..	..	..	..	..	0.041

INFANTILE DEATHS.

Deaths of Infants under one year of age—	..	..	..	..	..	..	24
Legitimate 23 ; Illegitimate, 1	..	..	..	..	..	..	68.37
Infantile Death Rate per 1,000 births	..	..	..	..	..	..

STAFF OF HEALTH DEPARTMENT.

HUGH STEVENSON, M.B., C.M.	Medical Officer of Health. Medical Superintendent of the Rothwell Isolation Hospital. Medical Officer, Maternity and Child Welfare Services.
T. WILSON, Cert. S.I.B., M.S.I.A., Certified Meat Inspector, Certified Smoke Inspector.	Senior Sanitary Inspector and Cleansing Superintendent.
R. A. NAYLOR, Cert. S.I.B., M.S.I.A., Assoc. Inst. Hygiene	Additional Sanitary Inspector.
Miss M. CAMERON, State Registered Nurse, Certified Midwife, C.R.S.I.	Superintendent Health Visitor.
Miss E. ABRAM, Certified Midwife	Health Visitor.
Miss G. M. HARVEY, State Registered Nurse, Certified Midwife, C.R.S.I.	Health Visitor.
Miss L. LOXHAM, State Registered Nurse, Certified Midwife.	Municipal Midwife.
Miss M. WHITTINGHAM ..	Clerk.
G. F. IDLE ..	Assistant Sanitary Inspector.
Miss I. BIRBECK ..	Clerk (M. and C.W. Clinic).
A. LONGLEY ..	Temporary Clerk.

Rothwell Urban District Council

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH, 1937.

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I now beg to submit to you, for consideration, my Report on the Public Health of your District during the year ending December 31st, 1937.

A DIP INTO THE PAGES OF HISTORY.

HOW REALITIES CAME FROM DREAMS.

THE PRESENT THROUGH THE EYES OF THE PAST.

My Report, on the present occasion, issues its appeal to a wider audience than ever before during my tenure of office. From April 1st, 1937, the area of the former Urban District of Rothwell was augmented by the absorption of two hitherto self-governing areas, namely Methley Urban and Hunslet Rural, the population thus coming within the jurisdiction of the new controlling Council being, consequently, increased from 15,520 to 24,350. I trust that the denizens of those two added areas are fully conscious of the dignity thus conferred upon them, and are duly appreciative of the privileges they have so acquired of, for the future, browsing upon the rich and fertile pasturage provided by their new patrimony, hitherto the reserved right of those more favoured neighbours with whose fate they have now linked themselves.

An Epoch—And an Idea.—Whilst indulging in that spell of contemplation which is the inevitable, and anxious, prelude to the compilation of my Annual Report, a chance glance at the date at the head of this Report reminded me, more or less suddenly, that it has been my great privilege to hold the post of Medical Officer of Health for a period of just over twenty-five years, the exact date being mid-1911. Out of this realisation was born an idea, one which seemed to offer a heaven-sent opportunity of extricating myself from my dilemma of finding some topic which, after so many years of commentatorial discussion, may not have worn altogether threadbare

The words "twenty-five years"—that, perhaps, does not sound quite so doleful as does "a quarter of a century"—suggested an era, and from this idea sprang the further one that here was an opportunity, vouchsafed alone to those with a long period of service behind them, of indulging in the not altogether unpleasing pastime of Retrospection, a practice in which, so, at least, the young assure us, the less young are prone to indulge. It seemed to me that, although no present member of the Rothwell Council was a member of that body when, in 1911, I first assumed the reins of office, it might, for them, be interesting, maybe even instructive and enlightening, to have made for their benefit a sort of detailed record—that is, from a health administrative standpoint—of the many great happenings, of events, bewildering in their multiplicity and diversity, some well-nigh incredulous, judged from the prospective of twenty-five years ago, of which this district has been the silent witness since the time when I, somewhat apprehensively, I now confess, and with inward qualms as to the magnitude of the job confronting me, was first appointed Medical Officer of Health.

I am of opinion that such a cinematic record of the life history of a district will, at one and the same time, reflect the quality, the enterprise and the spirit of those to whom, at changing periods, has been entrusted the guardianship of its Health fortunes, as well as the response of the general community to whom they have thus given a lead.

The Revelation.—From such a review, as the varied scenes flash by in rapid sequence, one should be enabled to obtain a fairly clear perception of the transmogrifications which, in those twenty-five years, have lifted this district of Rothwell from the dead level of mediocrity, from the ranks of the ordinary and the humdrum, from just one of a crowd, to a position of repute as a Health Authority, one which, as regards Health matters and policies, has, by its recorded acts and enterprises, staked its claim to recognition, even beyond its own confines, as an eminently progressive-minded, resolute, and even daring, Health Authority, an Authority which has been neither halting in effort, nor sparing in determination, to so equip and endow the district whose destinies it controls, as to raise it to, and maintain it at, the highest attainable standard of Health administrative efficiency.

A VOICE FROM THE PAST.

The idea has just occurred to me, and it rather appeals, that it might possibly add to the attractiveness of the story I am now about to relate, were I to assume that a Rothwell Rip Van Winkle, who went to sleep at or about 1911 or 1912, woke up in, say, 1937, and were I, at the same time, to endeavour to put into words, for your benefit and enlightenment, his reactions to the new world of his awakening and to detail his views thereon.

Although I, myself, have been a witness of all the changings and choppings of the twenty-five years in question, and have been a privileged participant in many of them, I shall, as regards the drama now about to be enacted, endeavour to play the part of an impersonal and impartial onlooker and let the story unfold itself. My role, for the moment, will be that of commentator, whose function it is to look on as the passing events flash upon the screen and then try to give you a word picture of the spectacle as seen through my eyes. In plain language :—1912—1937 ; What has happened ?

The Philosophy of “ Looking Back.”—One further, and last, word of preface :—Retrospect, in itself, is not necessarily an out and out good thing—far from it. If, by “ looking back,” we mean merely gazing idly upon the dead past, this is the quintessence of futility, and can do good neither to the gazer nor to any other living soul. We can never wholly divorce Retrospect from regret. A backward glance so often reveals so much that has been done that ought not to have been done, and so much that ought to have been done, was intended and hoped to be done, and yet was not done—and in nothing is this so eloquently and, let me add, so bitterly, exemplified as in affairs relating to Health. The only thing which makes our failures and our remissnesses tolerable in contemplation is the blissful consolation that yet another chance lies in front of us, yet a further opportunity to redeem ourselves. The cynical thought here comes to one’s mind that the making of good resolutions, whether of morals or of health hygiene, ever seems to confer upon their makers a self-gratifying sense of rectitude and moral uplifting, which even the almost certain knowledge that many of them are only made to be broken does little to neutralise the pleasure and the rapture born of their manufacture. Such, happily, however, is the resiliency of human nature that, from the ashes of our failures, our neglects and our non-fulfilments, arises, Phoenix-like, a new era of optimistic hopefulness. After all—and in this thought is to be discovered the crux of this whole “ looking back ” business—what we term Experience, is nothing more nor less than the faculty of turning to account, for the benefit of the future, what has already happened and become history.

Progress : To Appreciate, Must be Measured—Not Merely Its Results Contemplated.—A final thought :—It is not the people who live during change who appreciate—or, in many instances, are even aware of—the revolution imperceptibly being enacted before their eyes. It is only by looking back and measuring the distance now stretching between the present and the past, by looking, as it were, through the distance end of the telescope, that we are enabled to see how far we have travelled and the mighty changes that have taken place. New generations are apt to regard the

ultimate consequences of revolutionary upheavals—I speak, at the moment, in a Health evolution sense—as mere commonplaces, and in no way remarkable, just as, in the case of social and political revolution, people, decades later, gaze upon the new order of things calmly and dispassionately, and without a flicker of a thrill of wonderment.

After this somewhat lengthy and, I fear, tedious, preface, let us forthwith get to grips with the story which I, so long ago, foreshadowed.

RIP VAN WINKLE COMES TO LIFE.

Our local Rip Van Winkle, his nap over, shows signs of returning consciousness at or about the end of 1937. He sits up, rubs the accumulated dust of twenty-five years out of his eyes, and proceeds to gaze around, startled and well-nigh incredulous, upon a world strange and unfamiliar, for, oblivious as he has been to the passage of time, it is still, to him, 1911 or 1912. After the necessary preliminary toileting, his first request—for formerly he was a keen student and critic of local affairs—is for a current copy of the Annual Report of the Medical Officer of Health—flattering indeed! His first reaction is to give a gasp of astonishment at its seemingly interminable length, as though to suggest that folk in those days appear to have a deal more time on their hands than they had in his time, when more important things called for attention. This first emotion over, he proceeds to thumb and then, leisurely, and with an air of studied deliberation, to turn the pages over. After a brief moment of concentration, his attention becomes rapt, his face acquiring a look which seems to suggest that, at this moment, he doubts the evidence of his own senses. If we look over his shoulder, we will find that the page, on the contents of which he is now engrossed, is headed “Vital Statistics.” We will join our re-awakened Rip Van Winkle in his critical examination of the page in question, and, though we are immune, as he is not, from the stunning shock of the violent contrasts there disclosed, for by now such things to us are familiarities, let us, none-the-less, endeavour to analyse the emotions under which he is obviously labouring.

The First Study in Contrasts.—The first arresting fact discovered is that, whilst in 1911—I am, for purposes of this contrast review, limiting myself to the old Rothwell, and pre-amalgamation, area—the district death rate was 15·21 per thousand inhabitants, the figure had fallen in 1937 to no more than 11·4, and, lest that bare figure might possibly fail to impress our scrutineer with its real significance, we further note that, whilst, during 1936 and 1937, 150 and 178 persons respectively died in this area, no fewer than 220 died twenty-five years earlier, and with a population, moreover,

of between 1,500 and 2,000 less to spread it over. As twenty-five years ago, statistics of mortality constituted the hub around which all good Annual Reports revolved, and appeared, to a large extent, to be the gauge which decreed whether satisfaction or disappointment, gratification or regret, indeed success or failure, was to be our portion as Public Health administrators, it is likely in the extreme that our inquisitor, his appetite now thoroughly whetted, is hot on the scent for a further dose of this same morbid topic. So let us indulge him. A little research brings to light, for example, the suggestive fact that, twenty-five years ago, the death rate from Infectious Disease was, in this district, approximately eight times as high as it is to-day, this being due partly to the fact that the incidence rate of many such diseases has, now-a-days, been greatly curtailed—I mention Typhoid Fever in passing—and partly to the fact that fewer fatalities now occur among those attacked—here I cite Diphtheria as an instance.

A TRANSFORMATION SCENE.

EVEN MORTALITY HAS A SILVER LINING.

Still in pursuit of the dismal and the depressing, we may further stagger our visitor by pointing out that, in the columns of mortality relative to children between the ages of one year and five, one of the most significant statistics to be found within the covers of an Annual Report, the most illuminating fact is disclosed that whilst, in the two years 1911 and 1912, that is twenty-five years or so ago, thirty-seven children died in this area between the ages of one year and five, no more than fifteen so died during the two joint years twenty-five years later. If such a disclosure duly fails to bring a look of bewilderment to the face of our Rip Van Winkle, let us forthwith administer a still stronger dose by recalling, from the shadows of twenty-five years ago, one of my old and long since forgotten Reports.

In the year 1911 alone, as records show, fourteen infants and young children under two years of age were incontinently wiped out by the then prevailing scourge of Epidemic Diarrhœa which, with the regularity of a clock, stalked about the district in insatiable quest for child victims during the summer and early autumn months. And now note: **During the last three years combined, 1935, 1936, and 1937, that is twenty-five years later, there was but one death and one only, recorded from this disease.** Possibly our friend, so recently emerged from his state of somnolence, will do no more than wag his head when this study in contrast bores itself into his senses, as though to suggest that the whole thing is, in all likelihood, either pure coincidence or a miracle, and, in common fairness, we cannot do otherwise than point out to him that the explanation of the seeming “miracle” is so simple that a child

might understand, it being that by elevating our sanitary standard and by, at the same time, raising the standard of mothercraft, especially as regards the vital matter of the feeding of young children, we have effectively blotted out the fundamental causes of this most fatal child disease.

A reflection : Not Luck—But Effect.—In parenthesis, let me here say that the more one studies things, the more convinced does one become that the element of “chance” enters indeed but seldom within the realm of Health establishment and Health endowment, and that all those “magic” transformations brought to light by, say, a twenty-five years’ survey of Annual Health Records, are nothing more nor less than natural sequences, a law as old as the hills themselves, but modern to a degree in its understanding, its acceptance, and its appliance.

THE SHOCK OF THE UNEXPECTED.

Another page is turned, and a further gasp of incredulous astonishment from our scrutator causes us, involuntarily, to follow his gaze, when we note that the page upon which his attention is now rivetted, has, as its heading, in large type, the words “Infant Mortality.” If, perchance, up to now he has through it all remained a bit dreamy and bemused, he is now at last, beyond all question, alert and fully wide-awake. Rubbing the last remaining vestiges of sleep from his eyes, he continues to read with a concentration and an earnestness which compel us, willy-nilly, to join him in his reading, and to run our eyes over the lines which seem to have brought into being such a whirlwind of emotion.

If what we now read causes no corresponding emotional upheaval in our minds, we must remember that we have been passive witnesses of the trend of events during the past twenty-five years, whilst his last recollection of Infant Mortality—a fact which readily explains his agitation—was that, in this district, twenty-five years earlier, the death rate of infants under one year fluctuated from 120 to 140 per thousand live births, which, being interpreted, means roughly that every eighth child born died before attaining the age of one year. His amazement on reading from a current Report that the corresponding figures in two recent years were 38 and 57 respectively can, perhaps, readily be understood. His mind will, forthwith, and with certainty, search for some satisfying explanation of, to him, such truly remarkable happenings, but, as he has not yet reached the chapter on Child Welfare work, that enlightenment will, for the moment, be denied him, but I, as Medical Officer of Health, can, here and now, assure him that although, in his journey through the Report which he holds in his hand, he will encounter not one, but many instances of this topsy-turvydom in

health and mortality statistics, characteristic of his period of hibernation, he will not come across one which approaches so near to the miraculous as does that relating to deaths of young children, and so, for the time being, we must leave him, dazed and bewildered, pensively bemoaning the fact that, during his state of coma, he has, apparently, been unfortunate enough to miss the millennium !

PLAUSIBLE BUT—UNTRUE !

Another page turns, and a look of boastful challenge, of almost gleeful satisfaction, o'erspreads the face of our self-appointed scrutineer. He is now, a glance tells us, deep in a study of the latest Birth Returns. Here, he somewhat gloatingly informs us, is something at least in which we ancients could give you modernists a start and a wallop. With obvious pride, he points to the fact that, twenty-five years ago, in those virile, if frolicsome and devil-may-care days, when he himself was in his heyday and playing a real man's part in keeping the family ball a-rolling—doing his duty as he modestly explains to us present-day shufflers and backsliders—this district could, with justifiable pride, point to a goodly tally of something like 360 children—with a Birth Rate of approaching 25—successfully launched forth into the world annually, whilst all that we decadent parents of to-day can compass is a beggarly bag of some 230, with an apologetic Birth Rate figure of 14.6, and his satisfaction thereat is in no wise lessened when he triumphantly piles on the agony by pointing to the further illumining fact that, in his day moreover, they had roughly 1,500 folk fewer to help them to do the job. To complete the rubbing-in process, he further tells us that when, in his day, good and zealous parents put their hand to the plough, there was no turning back until their appointed task was completed—in other words that, in such matters, zeal, untempered by overmuch of either caution or discretion, was the then parental slogan and watchword.

Arguing from False Premises—The Hidden Moral.—Throwing his mind back to the rankling recollection of the markedly lessened mortality among young children to-day, as compared with twenty-five years ago, he now, on the principle, presumably, that second thoughts are ever the best, waves all that aside in an off-hand and inconsequential sort of way with the, to him, convincing rejoinder that, where you have plenty, a few are never missed, and that his contemporaries were far-seeing enough to realise that, if you took the precaution of bringing plenty of children into the world, you could well afford to cut your losses. Were we, in self-defence, timidly to rejoin that, in our modern view, it is the par-essence of futility and, even worse, stupidity, to concentrate on quantity and ignore quality, to bring about the birth of children merely so that a given number could, without causing a shortage, or other inconvenience, be killed off more or less indiscriminately, as circumstances dictated,

or, on the contrary, to rear a select number of them as weeds and defectives, with the certitude of perpetuating their weediness and defectiveness into adolescent, or even adult, life, our upholder of the old order of things would, with obvious and ill-restrained impatience, airily dismiss the whole thing as pure bunkum, nothing more nor less than evasion and a quibble.

As a last despairing effort to get our argument home, we might remind our censor that the old method of gratuitous and uncontrolled prolificacy, with speedy annihilation of the superfluous hot upon its heels, seems to us to have been a dickens of a waste of both parental time and labour, time and labour which might well have been more profitably expended on the effort to give better, more earnest and watchful, attention and supervision to a more restricted, and more selective, progeny.

A Real Staggerer : Our Greatest Public Health Triumph.—

A further jolt awaits the inquisitor when, in his scrutiny of the Annual Health Report which, for the moment, is his guide and mentor, he, in due course, arrives at the pages relating to Infectious Disease. Running his eye down the list, he suddenly gives a start and we hear an ejaculation, partly of surprise and partly of incredulity. Eager to discover the cause of his perturbation, we make a hurried search of the page in question, and discover that the source of all the commotion is the paragraph relating to Typhoid Fever. His attitude now seems to suggest "This is impossible—it must be a mistake—why, when I last studied statistics of Typhoid," he continues, "that would, let me see, be some twenty-five years ago—in 1911 to be exact—I learnt that in the Rothwell area, during that year, no fewer than 38 cases of Typhoid Fever were recorded, whereas, here in this Report only twenty-five years later, it is stated that, during the last **fifteen years combined** only **one case** has been recorded." "I don't believe it!" Nor, I am sure, can we blame him. His last recollection of Rothwell, a throw-back of some twenty-five years, was of a district where, with a few notable exceptions, every house had its noisome and pestiferous privy, with, in close juxtaposition, its co-felon in iniquity, the no less foul and disgusting midden, their joint aromas, until from custom you got used to them, providing a concentrated awfulness which had to be smelt to be believed. Our onlooker, at this point, descends to frank cynicism, his only comment being that surely in those ultra-refined days our noses have, all of a sudden, become mighty sensitive and, when all is said and done, what are noses for?

A Tragic Moral.—To complete this chamber of horrors, let me, for a moment, interrupt the commentary and here interpolate that, under such appalling conditions, something was bound to happen, and what did happen is duly recorded in the Annual Report to which I have just made reference, which tells us that thirty-eight

cases of Typhoid Fever occurred in the Rothwell District in 1911 and what is, if possible, even more strange is, that, though, of course, people were perturbed and alarmed for the safety of those attacked, they were by no means surprised, not to say staggered, or shaken to the core, **for it was all expected.**

CHANGED DAYS—CHANGED WAYS.

1937—COMMONPLACE : 1911—INCOMPREHENSIBLE.

Our sojourner, lately returned from the shadows, his appetite for thrills by now almost sated, gives a last perfunctory flick of the pages to find that, after all, he has not yet plumbed the depths, for, by a seemingly fortuitous throw of the dice, he has hopped upon the most startling, and the most spectacular, of all the metamorphoses which had occurred during his twenty-five years' oblivion. He now finds, to his frank amazement, that we, in those days, regard the health and lives of infants and young children of such transcendent value and importance, that we have actually established a Service for the one specific purpose of tending, watching over, guarding and supervising the well-being of **other people's children**, have, at no inconsiderable cost, built and equipped elaborate buildings as Clinics, have appointed a staff of trained Health Visitors to administer those ameliorative Services and, incredible this, that there is actually in being a special Committee of the Council, styled the Maternity and Child Welfare Committee, possessing statutory powers, whose specific function it is to administer and control this business of safeguarding the health and welfare of, once again, other people's children. "Pshaw! To what ridiculous lengths will our misguided and misbegotten zeal lead us next?" In his day, he invokes the Saints to bear witness, children belonged to their parents who, surely, in Heaven's name, knew more about the job of rearing them than do a lot of interfering busybodies who, if perchance they have—as doesn't appear to be the case—any business of their own, would be well advised to mind it. Such, I suggest, would be the not improbable reaction of a 1911 mind to our 1937 welfare and clinic Services.

Piling on the "Ridiculous."—The eyes of our, by this time, indignant critic open even wider when, reading on, he finds that our absurdities have not stopped short at wet-nursing the whole child community at large, but that we have actually had the audacity to get within our clutches, not only the children of other people, but even the wives of other people, and have cajoled them within our Clinic compounds, his wrath by no means appeased by the information, which he now finds placarded before his eyes, that not only do those misguided women come to our Clinics but that,

during the year covered by the Report which he holds, fully 70 per cent. of all expectant women in this area passed through those Clinics, and that the number of attendants had so grown in volume that well-attended sessions are held every week of the year. "Upon my word" he splutters, "I don't know which is to blame most, the Authority for soliciting, or the silly women for being thus deluded."

A SERIES OF KNOCK-OUT BLOWS.

ALTRUISM RUN MAD.

But he, poor fellow, little knows that something even worse awaits him. I give up as a bad job the attempt to portray his feelings and emotions when he reads further on, and discovers that what has happened up to now is a mere foreshadow of what is to follow. Let me, to get the job over, tabulate the items, the bare contemplation of which brought our friend to a state of suppressed frenzy:—Hospital treatment for maternity cases; Specialists of varied hue and kind at the expectant mother's beck and call, to meet every conceivable—"and inconceivable" he unkindly interjects—contingency; specialist consultative clinics for ante-natal cases. At this point he feebly mutters that he is not sure whether he really is awake or whether he is, once again, in the land of dreams:—dental treatment for expectant and nursing mothers and for children under five—this sounds so ludicrously preposterous that he lets it go without comment, so certain is he that it must be a typographical error;—free milk and cod liver oil for the same sections of the community—this is such a patent absurdity that, for the first and only time, words, even words of protest, fail him.

The catalogue of "absurdities" continues:—Sunray treatment provision; as he doesn't know what that means, he lets it pass, though he is certain that there is a catch in it somewhere. Home Helps for expectant mothers—"Merciful Heavens!" What next? "Women in my time" he explodes, "had more guts and would never have allowed a little bit of a thing like pregnancy to make them sit down and fold their arms and watch a strange woman cooking their husband's dinners." Seaside Convalescent Home provision for debilitated mothers—"Well, I can stand a lot," he stutters, "but that's really and truly the limit! Seaside holidays at the public expense!" "If women in my time," he adds, his pent up indignation at last overflowing, "whether she was debilitated or wasn't debilitated, had a yearning for a seaside holiday, she paid for it herself or did without it—and generally did without it, and had just to stifle her yearning."

Once Fantastic—To-day Commonplace.—In the effort to placate, we meekly inform him that all those multitudinous benefits and provisions—and others which, out of pity, we refrain from inflicting upon him—are now, in 1937, everyday normalities, and are in no way regarded as either luxuries or indulgences, but simply as health-inducing and disease-preventing measures. He thinks this over and then, with a show of spirit, replies “ Providence be thanked that I became oblivious in 1911 and that my last conscious recollection is that not one of those monstrous and unbelievable things was in existence then.” With a plaintive note in his voice, he then slyly enquires “ Do women and children ever die now-a-days, and, if so, why ? ” Rather a neat touch that, and one which made one wonder whether he was really as sleepy as he pretended to be. Here, as Medical Officer of Health, let me, in passing, remark that the almost illimitable and now operating range of social and salvage services, as symbolised, in particular, by the Maternity and Child Welfare Service, the brightest gem, by far, in all your crown, might, quite understandably, to the minds of those out of touch with the trend of events in this area during, say, the past twenty-five years, appear incomprehensible, and even fantastic.

THE FAIRY TALE OF HOUSING.

WHERE FAMILY LIFE STAKES ITS CLAIM.

The last part of this, by now, well-thumbed Report, to come under the scrutiny of our staunch upholder of the old and now departed order of things, is that headed “ Housing ”—and, as he greedily drinks in the details there related, his attitude, for the first time since the survey began, is one of frank astonishment, mingled with a sort of grudging approval. He no longer stutters and explodes, sheer astonishment is the emotion which his face depicts, as he views the records of a new era which tell him that from 1921 until 1937, no fewer than 579 houses have been built by the Authority for the housing of the people of this district, that many more are on the eve of erection and, further, that several other ambitious housing schemes are prospected.

What Life in the “ Good Old Days ” Really Meant.—During this moment of contemplation, it comes to his mind that twenty-five years ago, his last recollection, there was no such thing as a modern Council house, which, to-day, so the Report tells him, can, as related above, be counted by the hundred. It is for him an easy throw-back to the days of so comparatively recent a period as twenty-five years ago, to recall that many families in this area, in truth a surprisingly big proportion of the whole, then lived in houses, so dilapidated, so insanitary and unhygienic, so utterly destitute of every provision and amenity which makes a house a home, that, apart altogether from the misery, the dejection and hopelessness,

of living under such conditions, disease of the type of Tuberculosis and Rickets, to take two ready examples, and ill-health in many varied guises, were, at that time, the almost inseparable adjuncts of family life.

Reversion to the Porcine.—It, furthermore, comes readily to his recollection, that, in those same colourful days of which, up to now, he has been so doughty a champion, over-crowding, with all its loathsome bestiality, might almost have been accepted as a normal associate of family life, so unmoral a vice, with its frank, almost brazen, disregard of the elements of common decency and morality, that even we of those ultra-modern days, who are not supposed to be unduly squeamish or tight-laced as regards such matters, look reprovingly and raise our eyebrows when we think of it. Even our mentor, prejudiced though he be, cannot withhold a word of grudging commendation when he now looks around at the glorious vista which, like a panorama, stretches out before his eyes, when he gazes spellbound upon the almost unbelievable transformation which the last twenty-five years or so have brought about, as though some modern Aladdin with his lamp had been busy in our midst.

A STORY OF TRANSFIGURATIONS.

FROM THE DEPTHS OF DESPAIR TO THE HEIGHTS OF HOPE AND PROMISE.

The old kennels and pig-styes razed to the ground—or, at least, many of them, and the remainder under sentence of death, with the date of execution not far ahead—and in their place are houses of modern construction and equipment, situated upon healthy, airy sites, with hygienic environment of the first order, the old dark, dank, foul and disease-ridden atmosphere replaced by one fresh and invigorating, with abundance of light and air; houses which, at long last, are, in the true sense, homes, and not merely squalid and ramshackle hovels, houses which, for the first time in the lives of their inhabitants, afford opportunity, to themselves and their families, to live in decency and comfort and in which, again for the first time, they may hope, with some chance of success, to put into practice the rules of hygiene and healthfulness and to keep at bay many of those diseases and afflictions which seemed, formerly, to be their appointed portion and lot. Even Psychology is not left untouched by those marvels of housing translation, characteristic of the past twenty to twenty-five years. The reprieved individuals, thus released from their bondage, and, in particular, the children, appear, somehow or other, to have acquired a new blitheness and joyousness of spirit, as though they had, like discarding a

cast-off garment, left behind them, in their old haunts, a mighty load of misery and wretchedness, as though, for the very first time in their lives, they can at length breathe, figuratively as well as in reality.

Such are some of the thoughts which surge through one's mind, as they must have done through the mind of one before whose eyes is suddenly flashed two housing pictures—one of 1911, the other of the present day, that is twenty-five years later, and such is the story, in synoptic form, of the second of the great Reform Acts which this country of ours has witnessed, namely one which is based on the fundamental fact that Housing and Health are interchangeable terms and that the twain shall never, and can never, be separated.

AN EYE-WITNESS'S ACCOUNT.

At this point, our Rip Van Winkle, who had, for some time, been showing suggestive signs of returning somnolence, again, with a passing word of apology, resumed his slumbers and as, consequently, my duties as commentator automatically come to an end, and as, at the same time, there yet remain a number of transformation scenes relative to the twenty-five years of my tenure of office as Medical Officer of Health, which, for your edification and enlightenment, I should like to submit to you, I shall carry on the tale, no longer as commentator of the reactions of another, but as narrator. As both space and time demand a speedy close to this chapter of my Report, I shall endeavour to catalogue the remaining transformations more or less categorically. Perhaps the easiest, and possibly the best, way of approach to the task now confronting me, is to discuss the matter under an arbitrarily selected heading :—

THINGS I HAVE WITNESSED.

From the Ornamental to the Useful.—During my twenty-five years of administrative reign, I have, among other things, witnessed something which but seldom happens, that is the materialisation of a dream, the provision of a Public Park, a thing of beauty and of delight to thousands, one, in very truth, of the new glories of Rothwell, and let me, at the same time, recall those concomitants, municipal playgrounds, bowls, tennis, recreation grounds, the mere suggestion to provide which “indulgences” from the public purse would have caused the hair of our predecessors of twenty-five years ago literally to stand on end in angry protest.

I have seen the bringing into being of the new Sewage Outfall works at Lemonroyd, works which, in their completeness and modernity, will bear favourable comparison with any in the Country.

The Show-Piece of our Collection.—I have witnessed the erection of our new Central Maternity and Child Welfare Clinic, which most adequately, and satisfyingly, sets the seal upon our endeavours as a Maternity and Child Welfare Authority, and which, marking, as it did, the inception of a new era, stands to-day as an emblem, as the veritable Headstone of the Corner of your whole activities as a Health Authority.

I have, in my time, been a witness of the establishment of a weekly ante-natal Clinic, for the guidance, supervision and examination of expectant mothers, something too fantastic to have been even dreamt of twenty-five years ago by even the most vivid and fertile imagination. I have witnessed the winning, in two successive years, in open competition with other Authorities and Boroughs throughout the country, of the Astor Shield, awarded in connection with work associated with Child Welfare, an award which, at even a modest estimate, endowed your Service with the stamp of high efficiency.

The Progeny of Foresight.—I was an eye-witness of yet another act of anticipation and far-seeing enterprise on the part of this Authority, one akin to that which brought into being our Child Welfare Service several years before that Service was enforceable by enactment. I refer to the erection, within the grounds of our Isolation Hospital, of Sanatorium wards and other annexes for the residence and treatment of Tuberculosis patients belonging to this area—and all this spontaneously, and quite voluntarily, anticipating, by a material interval, Council County Sanatorium provision.

I have likewise witnessed the steady evolution, from a state of hazy theory to a practical proposition, of Town Planning, which, among other things, ensures, in perpetuity, healthy and hygienic homes and environment and, as a corollary of this, the prohibition of disease inducing housing conditions in general.

A Fate Long Overdue.—I am happy to have been a witness during my time of the complete rout and extirpation of that most dangerous, but once widely venerated, howdie, the handy-woman, she who, to a superlative degree, possessed that confidence and daring which come of ignorance, and who has, now-a-days, been replaced by a well-organised, highly equipped, skilled and trained Midwifery Service.

I may, perhaps, be forgiven a moment's digression here. This Authority, in full keeping with their past repute as pioneers, anticipated, by between two and three years, the Midwives' Act, which founded a National Midwifery Service, by themselves providing and controlling a Midwifery Service of their own, which functioned with the greatest possible success until the advent of the Midwives' Act brought about, to our great and lasting regret, and I may, I think, add, to the equally great regret of many expectant

women in this area, transference of its control to the County Council. Be that as it may, nothing can dim the credit due to this small Urban Authority, one of the very few in the whole country which had the prescience, and the initiative, to take such a then revolutionary step, for the progressive spirit and almost daring enterprise they showed in this matter of midwifery provision.

And so, once again and not for the first time, as those Records prove, Rothwell has, as a Health Administrative Authority, shown itself to be not merely abreast of public opinion, but even in advance of it.

An Index Pointer.—As some indication of the growth, in stature, of Rothwell as a Health Authority, I may point out that, twenty-five years ago, when I first assumed office, the Staff of the Health Department—or Sanitary Department, as it was then called—consisted of one person, the Sanitary Inspector, whereas, to-day, twenty-five years later, it boasts of a Staff consisting of Senior Sanitary Inspector, Assistant Sanitary Inspector, Junior Sanitary Inspector and two members of the Clerical Staff.

Two Prophylactic Measures.—I have—though this is not a Council matter, but is, none the less, a health matter—witnessed the founding of a flourishing and most successful District Nursing Association, with three Nurses in full work. What those nurses mean to the people of Rothwell it is impossible to put into words, had yet, twenty-five years ago, there was no such thing!

I have been a witness of the establishment of a district Ambulance Service in this area, which we, to-day, declare is an absolute essentiality, something it is literally impossible to do without, and yet, once again, twenty-five years ago, there was no such thing.

The Young Child's Charter of Safety.—It has, during my time, been my great joy to be a witness of the inauguration of the great and notable crusade for Immunisation against attack by Diphtheria, probably the greatest child protective measure brought to being for a century and more. To-day? Safety and assurance—fully 1,300 young children have, up to date, in this district been immunised, and thus endowed with the badge of safety. Twenty-five years ago?—take the risk and chance it, and diphtheria, believe me, with its notorious reputation as a disease with an almost insatiable lust for killing, is a mighty dangerous thing to have a gamble with.

Revivalist Methods in Health Propagandism.—Again, another thing I have, in my time, witnessed is the transformation of an innovation into an established institution. I refer to Health Week, with its scheme of practical health propagandism. I don't quite know what the reactions of people of twenty-five years ago would have been to our modern Health Week, but I fancy it would have

been one of amused disdain at the spectacle of people, otherwise, apparently, reasonably normal and sane, tearing about the countryside spreading the glad tidings, with Hygiene as the text, like a lot of peripatetic hot-gospellers. But, let the deriders scoff as they may, the plain fact none-the-less emerges that, in this district, Health Week is a triumphant success, and by success I do not merely mean that, as a spectacle, it attracts attention, but that, on the contrary, it does engender interest, sincere and profound, on the part of the public in matters relative to their own health and well-being. How else can an attendance, year in and year out, in unbroken sequence, of audiences of 700 or 800 people, at a Mass Meeting, to listen to dry-as-dust addresses on dry-as-dust subjects be explained? Yes, Health Week is now, in this district, not only an institution but, at the same time, a powerful weapon for the promulgation of health doctrines and dogmas when wielded by the hands of ardent health protagonists.

In this recital of "Good Deeds," whose inception, during the course of the last twenty-five years, has been witnessed by me, I have, of set deliberation, refrained from reference to, among others, the tremendous network of activities relative to the care and treatment of Tuberculosis cases, or to the no less enormous field covered by the School Medical Service, as each of those, strictly speaking, is a County Council concern rather than a local one.

UNSIGNIFICANT ON THE FACE OF IT—BUT SIGNIFICANT IN THE MEANING OF IT.

I have purposely kept back till the last my comments on what is not, in itself, a matter of very great practical importance, but one, never-the-less, unsurpassed in significance by anything—speaking in terms of Health Administration—which has transpired during the twenty-five years of my tenure of office. I refer to the switch-over, some ten years or so ago, from "Sanitary" to "Health" Committee, as the designation of the Committee controlling the Health Services. To the casual observer, this may seem a matter of trifling importance, nothing more than an arbitrary change in nomenclature but, to the observant mind, the matter goes much deeper than that. It heralded the dawn of a new and more enlightened outlook, a recognition, at long last, that the true function of a Health Authority was to concern itself not so much, as had been its seemingly prescribed function in the past, with sanitation or with dealing with the consequences of disease, not a little of it permitted, and, therefore, preventable, but was to endeavour to so healthify and hygienise the conditions under which people lived, that disease would, in the very beginning of things, be proscribed and prohibited. In a word, the "Drains" idea receded into the dim background and the "Prevention of Disease" idea stepped

forward into the foreground. Such is the true significance of this seeming triviality of change of name and, in my humble view, the controllers of the Health Services of Rothwell, by the step thus taken, formally, and without fuss or ostentation, declared their allegiance to the new creed that disease prevention, and not merely treatment, or even cure, of its consequences, was their true and fundamental function and duty.

THE SUMMING UP.

THE WHY AND THE WHEREFORE OF THE WHOLE THING

And now, for even the longest lane has its turning, the final reel of this absorbing film, depicting the "crowded hours" through which this town of ours has lived during the past twenty-five years, fades slowly from the screen like a tale that is told. Indeed a goodly tally! It will, I dare say, be, to many people, a matter of profound surprise that, apparently, so much which, as regards the matter of Health preservation and endowment, is literally epoch-making, has occurred within the comparatively brief period of the last twenty-five years. You may perhaps recall the axiom which I enunciated earlier in this Report, to the effect that people living during change seldom, if ever, appreciate what is transpiring before their very eyes, or that they are living during, and actually participating in, the making of history. In this throw-back to twenty-five years ago, this concept of past events and happenings, which it has been my whim to present in the form of a fantasy, I have endeavoured, for the benefit and edification of those living to-day, to make vibrant, once again, events and incidents now past and gone, happenings which exercise, every moment of every day, a pregnant influence upon the lives of every solitary inhabitant, so that, in retrospect, people of this district who, in all probability, now-a-days regard such things as everyday commonplaces, may be enabled to see and, at the same time, appreciate, how much has, in the recent past, been, through travail, toil and labour, brought into being for their benefit and advantage.

The Whirlabout of Twenty-five Years.—Twenty-five years ago, when I was first appointed, **not one** of the multitude of great events which, in the course of this discussion, I have passed under review, was in existence—to-day, they, each and all, are, as I have just remarked, everyday commonplaces. Such are the changes brought about by the whirligig of time—that is, when a progressive and go-ahead Authority like Rothwell rolls up its sleeves and really gets to work! I can quite understand the chagrin felt by our new friends from the recently added areas, when, after the studied and laboured meditation upon this chapter of my Annual Report which it will doubtless receive from them, they realise the great and

glorious blessings of which, during all those wasted years, they have not been privileged to partake, but even to them is yet left the consoling reflection "Better late than never."

THE GAGE THROWN DOWN !

One last thought : - All those "miracles," this truly omni-genous collection of benefactions, have not been brought into being without an expansive and burdensome expenditure, of not merely time and effort—that is not worth talking about—but of money, and yet, is there one living soul in this district of Rothwell, irreconcilable malcontent though he be, who would, could he do so, **wish to go back to things as they were twenty-five years ago**, even if it did mean a shilling or so off his rates ? If there be one such curio, I should like him to stand up and show himself for, believe me, he would be well worth looking at. That would be a test, indeed an acid test, of that which some people, not at any time over-burdened with an excess of either intelligence or understanding, in their folly, their prejudice, and their truly pitiable ignorance, call their "convictions." If this long, windy and, doubtless, boring story does, perchance, possess a moral, you may, if your fancy lies in that direction, hunt for it in that last valedictory paragraph.

VITAL STATISTICS.

In 1937, the Methley Urban and Hunslet Rural Authorities were amalgamated with the Rothwell Urban District. In the case of vital statistics referred to in the subjacent paragraphs, all figures dealing with the current year, 1937, refer to the new enlarged area, whilst all figures dealing with years prior to 1937 refer to the old, or pre-amalgamation, Rothwell area.

POPULATION.

The estimated population of the extended Rothwell Urban District in Mid-Year, 1937, as supplied by the Registrar General, was 24,350, as compared with 15,520 in the previous year. The number of inhabited houses at the end of 1937 was 6,665, as compared with 4,321 in 1936, and the number of inhabitants per house, 3.65, as compared with 4.05 as divulged by the 1931 Census.

The following tables are self-explanatory :—

ESTIMATED OCCUPATION DETAILS OF WORKPEOPLE RESIDENT IN ROTHWELL, EMPLOYED IN LOCAL INDUSTRIES.

Coal Mining	3,000	Building Trades	140
Quarrying, Brickmaking, Concrete Making ..	1,300	Shop Assistants	150
Engineering and Copper Works	800	Road Transport, Railway Work and Haulage ..	250
Chemical and Coal ..	250	Agriculture and Horticulture	200
Bye-Products	250	Domestic Workers	55
Printing, Paper, etc. ..	250	Miscellaneous (Clerical, Labourers, etc.)	375
Brewery	150		

**ESTIMATED OCCUPATION DETAILS OF WORKPEOPLE
RESIDENT IN ROTHWELL, EMPLOYED IN INDUSTRIES IN
AREAS OUTSIDE ROTHWELL.**

Coal Mining	650	Printing, Paper, etc. ..	75
Tailoring and Dressmaking	550	Clerical	250
Textiles (Woollen and Worsted)	300	Shop Assistants	225
Carpet Weaving	40	Domestic Service	100
Engineering	150	Miscellaneous (Labourers, etc.)	350

BIRTHS.

The total number of births registered in the entire Urban District during 1937 was 351, comprising 194 males and 157 females, as compared with 227, comprising 130 males and 97 females, in 1936.

STILLBIRTHS.

The number of stillbirths registered during 1937 was 18, comprising 9 males and 9 females, of which one female was illegitimate; this is equivalent to a rate of 0.74 stillbirths per 1,000 population, the national rate for the same year being 0.60.

ILLEGITIMATE BIRTHS.

The number of illegitimate births (live) registered during 1937 was six, comprising five males and one female, as compared with nine such births in 1936, and with seven in 1935, and is equivalent to one in 58, or 1.7 per cent. of the total births registered, as compared with one in 26, or 3.9 per cent. in the preceding year.

BIRTH RATE.

The birth rate for the year 1937 was 14.41, as compared with 14.62 in 1936, with 15.13 in 1935 and with 14.00 in 1934; the National birth rate for 1937 was 14.41.

EXCESS OF BIRTHS OVER DEATHS.

During 1937, records show that, in the extended area, the excess of births over deaths totalled 86. The Wards claiming the biggest excess totals were the North Ward of Rothwell, the Methley Ward, each with a contribution of 19, and the Stourton Ward, which, during recent years, has, unfailingly, occupied one or other of the premier positions. It is, perhaps, worthy of note that the Carlton and the South Wards have, for two years in succession, just

escaped the ignominy of being debited with a minus balance by presenting the emasculated surplus of three and five respectively, thus again staking their claim as the least virile Wards in the Area, although the Lofthouse and Woodlesford Wards, with excess figures of no more than seven and eight respectively have not, truth to tell, much to boast about. The subjacent Table gives detailed records.

TABLE 1.
BIRTHS AND DEATHS IN VARIOUS WARDS 1937.

AREA	BIRTHS.			DEATHS.			Total excess Births over Deaths.
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.	
Urban District Area	194	157	351	120	145	265	86
North Ward ..	45	24	69	22	28	50	19
South Ward ..	15	13	28	8	15	23	5
Stourton Ward ..	24	16	40	10	16	26	14
Lofthouse-with- Thorpe Ward ..	24	24	48	19	22	41	7
Carlton Ward ..	22	19	41	13	25	38	3
Oulton Ward ..	16	13	29	11	7	18	11
Woodlesford Ward	15	12	27	14	5	19	8
Methley Ward ..	33	36	69	23	27	50	19

DEATHS.

The total number of deaths registered in the new area during 1937 was 265, comprising 120 males and 145 females, as compared with 159 in 1936, and with 164 in 1935, both those latter total representing pre-amalgamation Rothwell area.

SURVEY OF "CAUSES OF DEATH."

I shall now submit, with passing comment, some of the more important contributors to the mortality columns during the year, ignoring, for the moment, Infant Deaths under one year as, likewise, deaths from Tuberculosis, each of which categories will receive individual attention when I come, later on, to discuss Child Welfare and Tuberculosis.

Infectious Disease : Notifiable and Non-Notifiable.—Only one death from this type of disease, namely one case of Scarlet Fever, from the Lofthouse Ward, occurred throughout the year.

Influenza.—During the year a total of four deaths, two males and two females, was recorded as due to this disease. The strong presumption is that, in the above cases, whilst Influenza was the

predisposing cause of death, the actual determining cause was acute pulmonary disease of the type of bronchitis or pneumonia.

Cancer.—During 1937, in the new area, a gross total of 26 deaths from Cancer were recorded, from which fact it may be inferred that, if Cancer mortality is not increasing in this district, it is certainly not diminishing. In order to obtain a clearer perception of the present day potentialities of this disease, let me put the matter thus. During the year, 1937, of all deaths at **all** ages recorded in this district, every **tenth** death was due to Cancer and if we, to obtain a true estimate, limit our calculations to what may be termed the “vulnerable” period, that is over forty years of age, the disquieting fact is elicited that, during 1937, between every **seventh and eighth** person who died in this district died from Cancer! If it be possible to add to the dolefulness of such a realisation, it is that what happened during 1937 was, literally, a repetition of what has been occurring, with tragic regularity, year in and year out, during the indefinite past.

It may, unthinkingly, be assumed that, in such a distressing recital, the word Hope has, and can have, no place, but such is by no means a justifiable assumption. There can be no doubt that not a few persons who die from Cancer have largely themselves to blame for the tragic fate which has overtaken them—in other words, that they need not have so died. Let me, to make this seeming contradiction clear, quote words, the gist of which I have given on former occasions, for I feel I cannot improve on them. “**If detected early enough**, Cancer, despite its awesome and ominous repute, is in many cases, **curable**, whilst, if **undetected**, or if **discovered too late** for effective treatment, it is, inevitably, and beyond all hope, **fatal**.” This is one disease which, unlike many others, **never** gives a second chance. Procrastination or concealment, generally due to fear, on the part of the individual, as to what investigation may disclose, leading to delay in diagnosis and discovery, means but one thing and that is death, as certain as the crack of doom. This is one of those warnings, disregard of which has, and inevitably can have, but one ending and one only, as witnessed in the dismal and calamitous records of mortality disclosed in this and many former Reports.

Cerebral Hæmorrhage : Degeneration of Blood Vessels.—During 1937, 23 deaths, 11 males and 12 females, were returned as due to Cerebral Hæmorrhage, this being equivalent to every twelfth recorded death from all causes and at all ages. From even such a morbid subject as mortality, we can, as regards this form of fatality—stroke, or seizure, as it is popularly known—extract a modicum of comfort, that being found in the fact that all those deaths were those of persons over 45 years of age, the younger and potentially more valuable age groups—the going-to-be’s—being

left untouched. This is, after all, in contra-distinction to the case of many other mortality producers, one range of fatalities, regrettably extensive though that be, whose ravages we can view with comparative complacency, the victims being, to a considerable extent, selected from those who have had their day, and whose economic value to the Community is thus on a steadily declining plane.

Pneumonia and Bronchitis.—Here now presents itself for inspection a familiar and readily recognisable mortality agent, one which seemingly is never appeased until it can claim a substantial roll of victims annually, and without intermission. During 1937, records show that no fewer than 33 deaths, 14 males and 19 females, were returned as due to Bronchitis and Pneumonia, the former claiming 19 and the latter 14 of this number. One must assume that, as mortality is a human ordination, death from pulmonary disease of this type will continue to the end of time to be a feature of mortality columns, but, even granting that, this is a type of disease which is, or ought to be, peculiarly amenable to human control.

There can, as regards Bronchitis and Pneumonia, be no doubt as to the pre-disposing influence of factors such as Housing, Environment, Nutrition, personal and domestic Hygiene, or as to the antithetic influence of Child Welfare teaching, as regards mothercraft and knowledge in general of the rearing of children. That being so, it is arguable that, if each and all of those ameliorative measures be a prime factor in the administrative schedule of every up-to-date Health Authority to-day, this influence should, sooner or later, be reflected in a lessened incidence and, perhaps even more marked, in an increased recovery chance, in the case of this type of Pulmonary Disease. Meanwhile, I may put on record the fact that, during the past year, between every twelfth and thirteenth death occurring in this district, at all ages, was due to either Bronchitis or Pneumonia.

Infantile Diarrhœa (Under Two Years).—As I have pointed out in an earlier part of this Report, an annual tally of round about 18 deaths was, in this district, a commonplace twenty years ago or thereabouts. Throughout 1937, **no** such death was recorded, and, in fact, no more than **four** deaths from Infantile Diarrhœa have occurred in the area during the **past seven years combined**. If one wanted the finest of object lessons, here we have one ready to hand. A higher sanitary standard, better and more hygienic housing and environment, mothercraft teaching in our clinics, particularly as regards the proper dieting of young children, are the factors which have brought this seeming miracle about. If ever you, as Health Administrators, become a bit weary in your regenerative efforts, and feel an inclination to tarry for a time, I beg of you to think of the story of Infantile Mortality statistics—which fairly accurately

reflect the prevalency, or otherwise, of the disease—as now related. That should, I warrant, effectively dispel any tendency towards dalliance.

Tuberculosis.—This disease, intimately associated, as it is, with the twin factors of Housing and Nutrition, receives detailed attention later on under the heading “Tuberculosis.”

Nephritis.—During 1937, twelve deaths from Nephritis, in either the acute or chronic form, were recorded. There is nothing particularly suggestive in this record of deaths from Nephritis, which, although the final determinant cause, is, in most cases, actually a sequel to some pre-existent disease.

Deaths from Violence.—During 1937, 11 such deaths occurred, which means that, during the year, every twenty-fourth death which occurred was due to violence in one form or another.

Deaths from Senility.—It may, perhaps, be a matter of interest, though not one of any particular practical importance, to put on record the fact that, during 1937, the really remarkable number of 66 persons died in this area over 75 years of age. It is, I think, worthy of note that, of this number, 40 died between 75 and 80 years of age, that 19 died between 80 and 85 years of age, whilst seven died between 85 and 90 years of age.

Heart Disease.—Now we come to what is, beyond all doubt or argument, the most notorious “killer” of modern times, a disease to which all other competitors, without protest, yield pride of place, a disease which is not merely content to be supreme as a mortality agent, but whose ambitions can, apparently, only be gratified when even its nearest and keenest rivals, have, almost with contempt, been left hopelessly in the rear. What the real potentialities of Heart Disease as a destructive agent are, may, perhaps, best be appreciated by now pointing out that, in this district, during the year 1937, the deaths from this disease alone almost exactly **equalled** the **combined** total of deaths from Bronchitis, Pneumonia, Cancer, Tuberculosis, and all forms of Infectious Disease. Just try to realise what that means—as many persons died in this district, during 1937, from Heart Disease as from all those other diseases **put together** ! Were this a casual occurrence, a mere coincidence, it would not be so bad, but the tragic truth is that this story is simply a replica of that related in Annual Report after Annual Report over many years. The fact, therefore, must be squarely faced that Heart Disease is, to-day, in this country, unapproached as a destroyer of human life.

That, in sorry truth, is bad enough, but it is not the worst. In contra-distinction to many other mortality inducing diseases, Heart Disease is cruelly deliberate in its methods, playing with, and gloating over, its victims, as it were, and inflicting upon them a probationary spell, frequently of many years' duration, of suffering and misery, as well as of physical incapacity, with consequent

poverty and hardship, before delivering the final and inevitable *coup de grâce*. That, or so it seems to me, is the real tragedy of Heart Disease—a person thrown on the scrap heap, with years of blank nothingness in front of him. One rejoices that, to-day, research work in connection with Rheumatism, and, incidentally, its association with Heart Disease, which, in the case of, in particular, young people, is, in so large a proportion of instances, the direct issue of a preceding attack of acute Rheumatism, is one of the live matters of the moment. In light of the mournful and distressing statistics of mortality related in those Reports, and in those relating to most other districts in this country, one can only wish such an effort a heartfelt “Godspeed.”

I now wish to submit a table dealing with particulars of deaths in age groups as relating to this district.

TABLE 2
DEATHS IN AGE GROUPS, 1937.

Under One year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	Over 65 years.	Total.
24	2	9	11	17	71	131	265

DEATH RATE.

The District Death Rate for 1937 was 10·88 per 1,000 inhabitants, as compared with 10·24 in 1936, with 10·71 in 1935, and with 11·40 in 1934.

INQUESTS.

Twenty-two inquests were held in this district during 1937, as compared with five in the preceding year. The following table shows the number of inquests held in the various Wards during the period in question :—

TABLE 3.
INQUESTS.

North Ward.	South Ward.	Stourton Ward.	Lofthouse-with-Thorpe. Ward.	Carlton Ward.	Oulton Ward.	Woodlesford Ward.	Methley. Ward.	Total.
2	1	2	3	2	0	1	11	22

The following table, relative to deaths in this district from infectious Disease, is self-explanatory :—

TABLE 4.

**DEATHS FROM INFECTIOUS DISEASE (EXCLUDING
TUBERCULOSIS) 1937.**

Ward	Scarlet Fever.	Measles.	Whooping Cough.	Diphtheria.	Enteric Fever.	Smallpox.	Diarrhoea, (Under 2 years.)	Total
North	0	0	0	0	0	0	0	0
South	0	0	0	0	0	0	0	0
Stourton	0	0	0	0	0	0	0	0
Lofthouse-with- Thorpe	1	0	0	0	0	0	0	0
Carlton	0	0	0	0	0	0	0	0
Oulton	0	0	0	0	0	0	0	0
Woodlesford ..	0	0	0	0	0	0	0	0
Methley	0	0	0	0	0	0	0	0
Total	1	0	0	0	0	0	0	1

Child Welfare

A HOUSE BUILT ON A SURE FOUNDATION.

THE YOUNG CHILD'S MAGNA CHARTA.

“ It was by Shipwreck that we first learned to build ships.” Analyse that maxim and you will discover the basic fundamental reason why our Child Welfare Service, with its truly wonderful, indeed bewildering, ramifications, is in existence to-day. After generations of blindness, the truth at length began to dawn upon the minds of those gifted beyond their fellows with foresight and vision, that, as regards young children, disease is not, after all, a predestination but an acquirement. Even in those “ dark ages ”—and not so very long ago either—people were not so obtuse as to fail to realise that from the children of to-day there can alone come the adults of to-morrow and yet, despite that common knowledge, people, and even many so-called Health Authorities, were content to stand idly by, contemplating, without, apparently, a solitary flicker of interest, not to say anxiety or concern, the spectacle of hordes of young children being summarily swept out of existence before their first year of life had passed, and countless more passing into their immediately succeedant years unwholesome, disease and defect ridden, passively awaiting the fate which would, as certain as doom, overtake them e’er long, or that, short of this, having by some miraculous means dodged the Nemesis which put paid to the account of their less tenacious—or should it be luckier?—fellows, they carried forward, as a legacy to the men and women they were destined to become, their unwholesomeness, their diseases and defects.

Such was the shipwreck whose presence, at long last, forced itself upon the notice of the more enlightened and more knowledgeable sections of the community. Appalled by the wastage in valuable child lives, which had been for so long permitted to continue unheeded and, at the same time, eager to make good the losses thus incurred, they founded their first ship-building yard and called it “ Child Welfare Service.” Great and mighty though this Service has grown to-day, it was, none-the-less, in the beginning of things, established upon a foundation of mortality and tragedy.

A Common Human Folly : Wise after the Event.—This characteristic, and traditional, policy of dalliance as regards disease-prevention measures, this “ waiting-upon-effects ” attitude, this seemingly ingrained, but none-the-less exasperating, faculty of obstinately refusing to budge, or of taking ordinary, common sense protective measures only when danger is imminent, or when we

may actually be in the grip of the foe threatening to destroy us, is most eloquently exemplified in this matter of a Child Welfare Salvage Service brought into being in a sort of despairing and breathless rush when, after generations of torpor, the true significance of the devastating child mortality, trailing in the wake of precautionary neglect, had at last bored itself into our consciousness. Truly "There was no art of healing until the earth was full of graves."

The Irreducible Minima.—To continue: The fundament of the whole thing is that children be not only born but, literally, conceived, in health, be reared, fed, and nurtured upon it, taught to apply, with strictest regard, the laws and tenets of Health and Hygiene to every moment of their everyday life, and to hold, with steadfast earnestness, to the conviction that they must ever regard Health, and the principles upon which it is founded, as being as indispensable to their happiness and well-being through life as is the food they eat or the air they breathe.

Teaching and "Doing" not the Same Thing.—Just think it over and see whether the principles just enunciated do not, with startling accuracy, summarise the declared functions of a Child Welfare Service. We here, in this submission, discover, on the part of the ruling authority and parents alike, admission of the claim that whilst a child, beyond all question, belongs to its parents, its standard of health and fitness, its competence to play the part of progenitor to the future man or woman is, by virtue of its membership of the community, a matter of supreme concern to that community. This Service in no way arrogates to itself the role of autocrat or dictator; we are merely mentors, expounders and advisors, our function is to guide and counsel, to instruct and exhort, to interpret and explain the laws of health, and to appeal for their strict and rigid observance. Success in our venture depends solely upon the manner in which, in particular, the mothers, respond to our gesture of friendly invitation; it is for them to put into practical operation the lessons thus given; it is for them to translate precept into practice, for, unless they thus aid and abet, all is of no avail. You may, with all the good intent in the world, provide a sumptuous repast but, unless the hungry man chooses to partake of the fare thus set before him, his hunger is not likely to be much appeased.

Health endowment, let me hasten to add, is something more than the mere provision of decrees, of regulations and enactments, or of a battalion of officials to administer and implement them. We must have response by those for whose benefit such things are brought into being, as otherwise, despite the splendour and the grandeur of the feast thus spread temptingly before them, failure, dire and utter, must be the inevitable consequence.

PREVENT—AND LEAVE CURE TO LOOK AFTER ITSELF.
ANTICIPATION, NOT VAIN REGRET, THE WATCHWORD.

To become a bit more practical, let me continue :—We do not, in these more enlightened days, regard children as natural victims of disease, as something which, being children, must resignedly be accepted as their appointed lot, but rather as the victims of circumstances, many of them preventable or remediable, and, consequently, well within our power to proscribe ; we believe and, in the guise of our Child Welfare Service, endeavour to translate that belief into action, that the only practical road towards amelioration of this distressful state of affairs is not merely to stand by, impotently wringing our hands and bemoaning the loss of so many valuable child lives or, just as futile, gazing, with tearful eye, upon inventories of mournful and affecting mortality statistics, but lies, rather, in the whole-hearted effort to healthify the conditions amid which children are born and are destined to live their early years, to assure them not only a health inducing environment but, at the same time, an adequate and satisfying standard of nutrition, the effort to provide them with skilled supervision and guidance during their early developing years, and, at the same time, to guarantee constant and watchful care over the mothers who are, in due course, going to bear them and, finally, to instruct and educate those mothers as regards the thousand and one details relative to the successful and healthy rearing of children, so that the counsel thus afforded may, subsequently, be turned to the great and lasting benefit of the child.

Our objective, as I have, on more than one former occasion, pointed out, is to **anticipate**, that is to say, to take children under hand **before** disease overtakes them, to **prevent** rather than attempt to obliterate what has already been permitted to happen ; to fortify children by so raising their health and, consequently, their resistance standard, that disease is kept at bay rather than by waiting passively until the disaster has occurred and then making frantic, and too often unsuccessful, efforts to undo its evil consequences. Such, in short, are the vaunted pretensions of a Child Welfare Service, in which we find ready at hand an ally which offers a sure defence and buckler against the myriad of foes which, insidiously and unceasingly, menace the safety and even lives of young children, and such are some of the concomitants which a modern Child Welfare Service pledges itself to honour and implement.

A PERFECT EXAMPLE OF FAULTY REASONING.
THE DISASTROUS FOLLY OF ARGUING FROM FALSE
PREMISES.

There is one aspect of this universal salvage system, as I might term it, which brings censorious criticism from certain people who contend that the objective at which we are aiming really defeats

itself, and is, in strict fact, detrimental to the best interests of the community. They point out that no discrimination is shown as between varying grades of children, between the "good"—that is those whom, by our efforts, we may hope to endow with health, strength, and fitness, and who may be regarded as future citizens of potentially great value and worth—and the "bad"—that is those with inherent defects and flaws and who, despite all our efforts can never be made healthy, strong and fit, but who must, perforce, remain, until the end of the chapter, destitute of worth or value to the community, to which they, like limpets and barnacles, will cling for support until the end of their days and, further, that all we are doing by our well-intentioned if misdirected, efforts is to put a premium upon the perpetuation of weedism and worthlessness, the underlying suggestion being that such children, or, rather, the men and women they are ultimately going to become, are not worth powder and shot, and that their room would be preferable to their company.

This is certainly a plausible, if specious, argument, and one which, from the view-point of cold-blooded logic, is not altogether without its attractive side. I don't quite know whether the suggestion is that, in the best interests of the race, all such weaklings should be summarily exterminated at birth—a policy, I may say, advocated, in all seriousness, by a great philosopher more than three thousand years ago—a procedure, however sound as a logical proposition, and however advantageous it might, in the end, be to the sound and healthy remainder, which seems somehow to run counter to our modern and less elastic ideas of ethics and moral behaviour.

An Offer—And a Guarantee.—The fundamental error made by members of this particular school of thought is the assumption that the birth, annually, of a spate of defectives is a predestination, a decree of Providence, something which must just happen. A second equally fallacious assumption is that once a child is born defective, defective it must, of necessity, remain in perpetuity. This is where a Child Welfare Service makes an unmistakeable reply, where it stakes its claim and proceeds to justify its existence. There are two avenues of approach to solution of this problem of the birth of defective, low-grade, and under-standard children:—the first being the endeavour to **prevent** children being born defective or under-standard, and the second being to endeavour to extirpate and correct defects existent at, or developing subsequent to, birth, and in both of those endeavours, each of which is, by the way, a perfectly practicable proposition, the Child Welfare Service is our supreme weapon. We **can**, through the aegis of an actively functioning Ante-Natal Service, go a long way towards offering a guarantee against the risks of congenital defects and deficiencies, and we again can, through the medium of an alert and vigorous Child Welfare

Service, go far indeed in the direction of either completely obliterating such defects, or, at the least, in modifying them to a degree which permits such a child to become a perfectly useful member of Society, rather than, as, in the absence of such skilled assistance, it would, in all likelihood, become, a useless piece of lumber, a burden to itself and a drag for life upon the community to which it belongs.

Argument Reduced to Absurdity.—Is it, can it be, for one moment contended that the birth of defective children, and the consequent perpetuation of their imperfections, is something which simply must be and is, therefore, an inevitable pre-ordination, something which no human agency can prevent? Were that premise true, were it the case that the birth of children is some-like dipping your hand into a lucky bag—if your luck is in, you pick out a good 'un, if out, a wrong 'un—then I, for one, do think that the lethal chamber would be the kinder fate. But, is it true? On the contrary, it is false to the core. If the word “inevitable” be accepted as meaning “that which cannot be prevented,” then how, in Heaven’s name, can the chain of circumstances which pre-determine that those children shall be born or become imperfect or defective be regarded as “inevitable.” Just think them over—:

A CATALOGUE OF MALEFACTIONS.

THE REAL VILLAINS OF THE PIECE UNMASKED.

Maternal flaws and imperfections—undetected or unremedied—existing prior to the birth of the child; unhealthy and unhygienic housing conditions and environment; hardship and stint, perhaps even poverty; maternal health depreciated, not necessarily from actual starvation as regards quantity, but from lack of essential diet constituents and of vitamins; nutritional deficiencies, maternal no less than those personal to the child during its first early years; parental indifference or even neglect, or, short of that, ignorance and lack of understanding relative to the upbringing of children; lack of skilled, diligent and watchful care and guidance during the pre-natal period; lack of opportunities, on the part of the mother-to-be, for healthful rest and change from unending toil and drudgery, and from never-ceasing domestic worries and cares and responsibilities, which seem to become trebled when, as is so often the case in those tempestuous days, family circumstances are straitened; the deplorable and most harmful practice of women working for long and weary hours a day in mill or factory—generally under the relentless drive of financial necessity—until comparatively late in pregnancy; and, finally, possibly the biggest malefactor of the lot, the callous, almost wicked, indifference to, and neglect of, “girl welfare,” with blind and obstinate disregard of consequences, an example of supreme folly if ever there were one,

and which, in its eventual outcome, is witnessed in hordes of young women, debilitated and anæmic, fagged and prematurely worn out by long hours of hard work, in many cases far beyond their immature capacity, and, to a large extent unrelieved by adequate opportunities for recuperative recreation and leisure, light-heartedly, almost jauntily, assuming the responsibilities and most exacting demands of marriage, and subsequent motherhood. Fit mothers indeed of such children !

Can Thistles Bring Forth Grapes ?—What about those things, one and all ? Are they inevitable ? What blindness ! What stupidity ! Here, right before our eyes, are displayed, in all their stark nakedness, the ingredients from which is, in the end, compounded this unholy brew. Here, in this catalogue of disasters and mischances, we discover the factory which grinds out battalions of weaklings and weeds, children so encompassed and harassed by defects and imperfections, that many of them throw in the sponge before the bell has rung to herald the end of the first round, whilst shoals more of them survive only subsequently to swell the ranks of the degenerate and the unfit, worthless flotsam on Life's stream, whose survival, to speak frankly if unfeelingly, is of decidedly questionable benefit or value either to themselves or to the community at large. Can we really feel surprised that the victims of such misfortunes, as related above, do not bring into the world children sound, healthy and vigorous, fit in the fullest sense to grow into correspondingly sound, healthy and vigorous men and women ? Can we really profess to feel astonishment when the sorry harvest garnered from such a sowing is what the statistics of morbidity and mortality related in this Report disclose it to be ? Inevitable ? Bunkum ! Is any one member of this chapter of calamities, catalogued above, inevitable ? Are these ordained decrees, from the edicts of which there is, and can be, no appeal ? Are they an Act of God, which must resignedly be accepted because there is no road of escape ? Answer to that question should not be long in forthcoming. **Not one solitary one of them is inevitable, but is preventable or remediable.** No child need be born, and subsequently die, a defective, or, on the contrary, live its life as an unfit and a degenerate. That is the message which a Child Welfare Service trumpets forth challengingly.

Is the Whole Thing Worth While ?—When, despite all our efforts, one still looks round upon a panorama of sorely afflicted children, whom Providence surely meant to be blithe and gay, healthy and happy, one, dispirited and discouraged, feels inclined wearily to ask "Is the whole thing worth while ?"—this prodigal expenditure of money, time and effort, so much of it seemingly without result or return. That, however, is merely a passing phase, a momentary dejection arising from a sense of unfulfilment. Let our minds, here and now, switch over from disappointment to

hope, from disillusion to promise, let us regard all this merely as a clarion call to re-doubled effort, not only on the part of the Authority and its Child Welfare Officials, but, likewise of parents. Whoever is to blame for the holocaust, for the misery and suffering thus inflicted upon those helpless and unfortunate children, and in whatever proportion such blame must be allotted as between the responsible and controlling Authority and the parents, even whether, maybe, no one at all is culpable and the whole thing is simply the sheer cussedness of fate, one thing stands forth with crystal clearness, and it is that no blame can, at all events, attach itself to those thrice-misfortunated children themselves—they, at least, are innocent.

The “ First ” Year the Pinnacle Year of Life.—It may, conceivably, be asked what is the reason for all this intensive concentration on children during their first early years, and, in particular, the first year. The answer is clear and unmistakable. In the first place, this first year is by far the most important throughout the whole of life from a physical stand-point—the rate of body growth is more rapid during this critical first year than in any other year during the rest of a lifetime. In the next place, we are, during this same first year, steadily and laboriously building upon the foundation, good, bad or indifferent, laid down during pregnancy, and it calls for no great degree of intelligence to understand that, as the foundations are, so is the resultant structure likely to be. It seems curious that no matter what aspect of health one chances to be discussing, and no matter what age group we are, at any given moment, giving consideration to, we, sooner or later, but as certain as that day follows night, arrive back again, boomerang-like, at the place whence we started, that is the matter of ante-natal supervision of expectant women. This is an inviolable law, as stable and immutable as are the stars in their courses. We here, once again, and for the hundredth time, come bang up against the great and vital truth that it is the health and physical qualities, the soundness and fitness, of child-bearing women, which, like a modern Atlas, carries on its shoulders the whole mighty burden of the future well-being, the safety and security, of the generations to follow.

CASTLES IN THE AIR.

A MEDITATIVE THOUGHT : WHERE DREAMS AND VISIONS SOMETIMES COME TO LIFE.

This is such a great truth and such a mightily vital one, that one almost weeps when all round we see evidence of the cynical indifference, verging on wilful disbelief, with which it is, even to-day, regarded by so many people. With a sniff of thinly veiled contempt, they hurl at the heads of those of us who claim to possess vision

sufficient to enable us to foresee the part which the present plays, and must ever play, in determining the future, the disdainful terms “ Dreamers, Idealists, Impractical Theorists,” until their ingenuity peters out, and, if their powers of invective be not yet wholly exhausted by the force of its own vehemence, they further inform us that, if we would only withdraw our heads from the clouds, and plant our feet on terra firma for a moment or two now and again, it might be greatly to the betterment of ourselves, as well as of the world around us.

Yet another form of baiting directed against those of the “ progressive ” school is to throw out the taunt that we “ visionaries,” so-called, are like a parcel of children indulging, to our own great enjoyment and delight, in the essentially childish pastime of building Castles in the Air. The retort comes readily to mind that even then your work need not necessarily be in vain, for that, when all is said and done, is where Castles in the Air should be, and having got them there, the next and obvious step is to endeavour to put sure and steadfast foundations under them. How true that analogy of a Child Welfare Service is ! That particular “ Castle in the Air ” was, in the beginning of things, no more than an idealistic vision, but we are to-day still busily engaged in building under it substantial and most material foundations, as witnessed in the whole bewildering range of activities slumped under the one generic term “ Child Welfare Service.” I will go further and say that had no “ dreamer ” ever dreamt dreams, we would have been for ever content to stay where we were, and as we were, and there would have been no such thing as a Child Welfare Service to-day, and I should, at the moment, be regaling you with a story, not of hope and encouragement, not of a charter of safety, the prerogative right of every child born into this world, but with one of misery and dejection, one of blood-curdling statistics of mortality, of ill-health and misfortunes, such as was the annual fare of our predecessors of twenty odd years ago and which, at that time, like a kitten lapping milk, they lapped up, if not with gusto, at least without a blink of astonishment, for to them it was an everyday commonplace, and **expected**.

This Present has a Future as well as a Past.—Yes, our Child Welfare Service, proud and majestic as it is to-day, came forth, in the beginning of things, spectre-like, out of the misty land of dreams and visions. The moral of this story lies, not in the rhetoric in which it is garbed—that would, indeed be a paltry result and but little worth while—but in its appeal to reason, in the effort to convince you, as health controllers, and into whose hands has, for good or ill, been entrusted such power and authority, that Thought—call it “ dreaming ” if such be your fancy—is ever the threshold to action, and that recorded history, search it as you may, proves

to the hilt that every great and notable evolutionary movement—health or, for that part of it, any other—has had, as its instigating force, the dreams and visions of those who had the foresight to understand that the Present is not for ever, but that there is also a Future, and that the same Future is, to an incalculable degree, drafted and planned by the actions and behaviour of those who control the destinies of the Present. Think that principle over with due care and diligence, and see whether you cannot discover in its tenets an incentive, and whether, at the same time, you can extract from it an abiding determination—and, moreover, in many other matters of health administration, apart altogether from the one under present discussion, namely Child Welfare—to so use and manipulate the opportunities of the Present, as to ensure and safeguard the Future. That, in a word, sums up that little story.

A Little Bit of Philosophy—Free and Gratis.—As a last appeal, from one who has so often been classed as one of the “highfalutin,” not everlastingly to dismiss, with an airy wave of the hand and with an air which suggests that good-intentioned though we presumably be we are not to be taken too seriously, dreams and visions which, when analysed, are discovered to be really nothing more than suggestions to do things which have not been done before, or to do them differently, I beg of you to remember, and at the same time, to adopt as your golden text, the great truth that without “thinkers” there could never in this world be “doers,” and who, moreover, is there to say that this latter category is necessarily the mightier of the two?

THE BIGOT COMES INTO HIS OWN.

NO ONE SO OBTUSE AS HE WHO REFUSES TO BE CONVINCED.

The almost incredible fact is that, even to-day, you find people swept off their feet by a sense of righteous wrath at the contemplation of what they, in their wisdom, term “wasteful extravagance” in connection with all manner of disease-prevention measures, of which Child Welfare is such an outstanding example. Let me, here and now, remind all such carpers that, as a direct result of this “waste,” we have, among other things, reduced mortality among infants to one-quarter of what it was twenty to twenty-five years ago; have reduced mortality among children from one year to five to a mere shadow of what it was in those halcyon and rate-easy days of which they seem to be such doughty defenders; have almost literally annihilated Infantile Diarrhœa which, in those old model days, used to claim its bag of sixteen to eighteen victims every year; and that, finally, we have raised the child standard and, inferentially, the adult standard, to hitherto unprecedented heights. Such, in a word is the interest derived from that particular invest-

ment. It is a peculiarly aggravating feature in the mental equipment of such people that, whilst their vision permits them to see unerringly what lies right before their noses, their chronic myopia causes distant objects to appear blurred and hazy—in plain words, whilst they can clearly see, and make vocal protest against, an initial capital outlay, they seem constitutionally unable to appreciate that, on some future day, a reward in the shape of a handsome dividend may accrue. It is easy, therefore, to understand that, to such people, the word Progress, with its accompaniment and inevitable financial cost, is anathema.

Something to be Really Proud About.—Instead of eternally squawking about the “intolerable burden,” their share of which, as the price of citizenship, they are called upon to bear, they might be more profitably engaged in trying to appreciate the fact, and in extracting pride therefrom, that Rothwell, which had the foresight and the daring to found, on its own initiative and quite voluntarily, a Child Welfare Service several years before the passing of the Maternity and Child Welfare Act made such a provision obligatory by enactment, was one of a small select band of pioneer Authorities, which were permitted, so far as the Maternity and Child Welfare Act is concerned, to retain their status as self-governing bodies, independent of County Council control, and so Rothwell remains to this day. In December, 1913, our first Health Visitor was appointed and, in May, 1916, our first Clinic was launched in a modest and unpretentious manner, and to what stature that particular infant has since grown is common knowledge, no less than five prosperous and successful Child Welfare Clinics being in full activity to-day under the control of this Authority.

A Waiting Policy Never Pays—At Least where Health's Concerned.—As a fitting close to this essay on salvage and redemption of the health and lives of young children, let me remind you that we shall never advance very far along the road of Progress, and towards the goal of accomplishment, if we always keep one eye looking over our shoulder to see whether the way of retreat is open so that we can skedaddle if our faith, our courage and enterprise, fail us or as opportunism, and the seeming need for trimming, dictate.

For unhalting and unwavering progress, we must be actuated not only by a spirit of venture, but by an uncompromising belief in the justice and righteousness of the cause we are espousing, and upon which we are embarked. In a word we must, if we really wish to reach our ideal, cut our line of retreat, burn our bridges, and take the plunge. Enterprise, in most affairs of life, calls for expenditure, not only of initiative, of time, effort and toil, but also of money, and so it is with the Child Welfare Crusade.

A Word on Economics : Saving Money by Spending it.—In the case of this particular salvage Service, and in contradistinction to what appertains to most investments, the poorer we are, the more should we spend—that is, in preventive and defensive equipment. In time of hardship and lack, heavy inroads are insidiously made into our defences and our reserves, and, in the case of health, at all events, such leeway can **never** be made up. Spending on prevention of disease **is** economy in the most exacting sense of the word. If we spent, on the effort to prevent disease, a tithe of what we, so freely and so readily, spend in trying to tinker and patch up the breaches caused by its permitted presence, as exemplified for example, by our Hospitals, our Sanatoria, our Convalescent Homes, on maintenance in the form of sick-pay allowances to victims of disease and infirmity, much of which need never have been, for it is preventable ; on Public Assistance Institutions for harbourage of our human wreckage, and on a miscellany of curative and ameliorative Institutions and provisions of multitudinous range and variety, the need for establishment, and for upkeep and maintenance, of the latter would be reduced manifold.

Pretty Well Sums the Whole Thing Up.—As a final word on this subject, and as a rejoinder to those who boastfully point to the great things we have accomplished—our Service, our records and results, our clinics and so on—as though to say “ Look at what we have done, surely that is enough for a bit,” let me remind you that the pride of compassing by far transcends the mere joy of possessing, which means that you may, and, in fact, with all certainty, will, derive more genuine pleasure and, in the end, satisfaction, from striving, by sacrifice and effort, to accomplish, and to bring things into being, than you ever will from detached and prideful contemplation of them as accomplished and established facts. If there be no longer anything worth striving for, life is indeed a poor and tasteless business. Satisfaction comes from endeavour, more, far more, than ever it does from mere fulfilment. Extract the moral for yourselves and apply it to the principle of Child Welfare and child preservation.

STATISTICAL RECORD OF THE YEAR'S WORK.

I will now submit, as concisely as possible, a series of statistics relative to the work carried out by the Child Welfare Service of this Authority during the year 1937, and from such a record we should be able to form a fairly accurate judgment as to several matters, as, for example, the manner in which you, as an Authority as, likewise your administrative officials, have honoured the obligations laid upon you as a Child Welfare Authority ; as to the response of the mother section of the community to the lead thus given, and to the opportunities thus afforded ; as to the successes, as likewise

the disappointments, we have encountered ; as to what we have done and what we would like to have done that we have not done; and, finally, as to the ravages caused by mortality among young children up to five years of age.

A thought perhaps worth bearing in mind, is that such a Service, or rather its clinic appendants, may be regarded as a sort of looking-glass in which is reflected, to a greater or less degree, maternal interest and concern, in the well-being of their children, exhibited by varying grades of mothers, thus permitting us, with some show of accuracy, to classify mothers in order of merit—or demerit. Now for a statistical relation.

Clinic Attendance Record.—During 1937, the average weekly attendance for the whole area, that is Rothwell Central Clinic and the subsidiary clinics at Lofthouse, Stourton, Methley and Oulton, was 216·80 (total births for the year, 351)—indeed an impressive figure which, unfortunately, it is impossible to compare with those of preceding years because of the fact that from April 1st, 1937, the Urban District of Methley and the Rural District of Oulton and Woodlesford were amalgamated with the Rothwell district, though, as some indication of the course of events, it is permissible to put on record the fact that the 1937 attendance figure for the old, or pre-amalgamation, Rothwell area was almost twenty per week higher than the 1936 figure, which, in turn, was our then biggest ever, and one to which I referred in my Annual Report for that year as representing our probable peak, with a weekly clinic attendance figure of 138·33, based on a birth total of no more than 227. I, on that occasion, committed myself to the, as it has turned out, unwise prophecy that this figure pretty well represented the limit of our possibilities, and yet, in the very next year, that same figure soared nearly twenty per week higher ! The role of prophet is indeed, at the best of times, a dangerous and most discomfiting one ! As a measure of our progress and, incidentally, as a measure of our efforts and endeavours, let me here put on record the somewhat arresting fact that, within the space of five years, the weekly attendance rate at our clinics—I am now speaking of pre-amalgamation Rothwell—has risen from 80·5 in 1932 to 154·44 in 1937 ! Further elaboration would, I am sure you will agree, be a patent waste of time. I have learnt my lesson and I do not intend on this occasion to indulge in any further flights of prophecy, but one does, none-the-less, wonder what our potentialities really are and to what ultimate heights this Child Welfare Service of Rothwell is capable of climbing.

Something Worth Remembering.—All those great happenings, which, I am sure, cannot but be a source of profound satisfaction and gratification to those concerned with the administration of this Service, have not been brought about by accident, by a combination of chance and legerdemain ; they have not been brought

about by simply throwing open our clinic doors on certain set occasions, and ringing a bell to announce that the session had now started, and that we were ready to receive any client who cared to come along. They have, on the contrary, been brought into being by, in the first place, the provision, by the Child Welfare Authority, of ample and generous opportunities in the form of Clinic premises, constructed, equipped, and staffed up to the highest standard of efficiency requirements, by, in the next place, hard, devoted, and conscientious effort on the part of Miss Cameron, Superintendent Health Visitor and her staff, and thirdly, and by no means least importantly, by willing and whole-hearted response by the mothers of this district. Each has played its part, each has contributed its quota to the ultimate and successful climax, and any one of them without the others could never have so succeeded. Co-operation, a word tattered and torn from frequent and, too often, indiscriminate and promiscuous use, in many and varied matters relative to health control and administration, was never better exemplified than by this really wonderful record achieved by this comparatively small and unpretentious Authority of Rothwell.

I, as the responsible administrative head of this Service, cannot allow this opportunity to pass without putting on record my sincere and profound appreciation of the work carried out so ably, so conscientiously and assiduously, by Miss Cameron, with the ever-ready and whole-hearted backing of her Health Visiting Staff. Miss Cameron is not only an able administrator and an official of high competence and skill, but, over and above this, is one possessed by a literally unquenchable enthusiasm and a determination to make her Service and her Clinics as successful as is humanly possible. To her hard and ungrudging efforts, with lots of overtime thrown in, must, in all justice, be ascribed a big share of the credit for the good name and repute which this Child Welfare Service of Rothwell so justly, and so deservedly, enjoys to-day.

Individual Attendance Returns for each Clinic.—In Tables 5 and 5a a little further on will be found statistical details referable to the contributions made by each of our five clinics towards the building up, during 1937, of the gross weekly attendance figure of 216·80, as, likewise, at the same time, the contributory proportions made by the three age groups, under one year, between one and two years, and two to five years.

Let me, at this point refer for a moment to two factors involved in the matter of clinic attendance :—

(a) **Aliens.**—During 1937, 27 children from homes outside our area attended our Clinics, namely, at Rothwell 8, Stourton 13 and Lofthouse 6, whilst on the debit side six children, resident in Stourton, attended clinics in immediately contiguous areas.

(b) **Children under five years attending School.**—During 1937, approximately 25 per cent. of all children in this area, between the ages of two years and five, became school attenders and thus, automatically, so far as Clinic supervision is concerned, ceased to be our responsibility and came under the control of the School Medical Service and, consequently, to that extent, depreciated our clinic attendance figures as concerning that particular age group. The point of importance in this connection is that, though those children do not appear in our records as receiving Clinic supervision, they, none-the-less, did receive such supervisory attention at the School clinic.

THE URGENT CASE OF THE TWO-TO-FIVES. **THE STORY OF THE NEGLECTED TODDLER.**

I think that perhaps a word of special comment regarding this particular age group is called for and may perhaps prove instructive. Whilst, in clinics in general, supervision of children during their first year is close and unremitting, and whilst those between one and two years are likewise recipients of vigilant attention, though the stringency of this may be slightly, but noticeably, relaxing as time passes, we commonly find that, when we arrive at the two to five period, supervision has become much more slipshod and casual and this feature may be noted in regard to Home Visitation no less than to clinic attendance. It looks as though, by this time, Health Visitors and parents alike have become a bit tired and blasé and this attitude is reflected in a steady waning interest on the part of both. This frame of mind is indicative, not of deliberate neglect and indifference—it would be wholly wrong to suggest that—but of an ingrained, though most fallacious, belief, held not only by many parents but, likewise, sad to say, by not a few Health Visitors, that the primary functions of a Child Welfare Service and its clinics is to deal with infants and very young children, and that, by the time a child marches on towards four and five years of age, and has become more self-reliant and, consequently, less dependent on others, the call as, likewise, the need, for close supervision becomes progressively less insistent. This is, indeed, a pity.

Where Its Supreme Importance Comes In.—This two-to-five period of life is of really terrific importance. It is during this very period when so many flaws and defects—a matter to which I have made detailed reference in the opening chapter of this Report—make their presence felt, defects arising from maternal ante-natal shortcomings, as likewise defects due to nutritional, Housing, and environmental factors as relating to the child during its early years. Here is the point of critical importance:—In the absence of adequate, indeed watchful and meticulous, supervision and care during this time, many of those defects remain, indeed can do no other than remain, **undetected and, consequently, unremedied**, with all the injurious and detrimental effects upon the child's present

well-being no less than upon its future health and prospects, for many of those childish defects carry their evil influence forward into later years of life. It is, therefore, imperative that, as the child ages and approaches the five years' goal, there be no relaxation of the watchful care exercised during the first and second years and that, let, me say, is what we endeavour to do in this district. A glance at Tables 5 and 5a in this Report will show the results of our efforts as regards clinic attendance of those two-to-fives, and reference, a little later on, to the paragraph on "Home Visitation" will disclose a really wonderful record, and one which will, convincingly, prove how sincere and determined is the effort being made in this district to-day to honour, to the hilt, our obligations towards that sadly too often neglected body of children, the two-to-fives.

I now beg to submit a series of Tables relative to the clinic matters I have just been discussing.

TABLE No. 5.

**CLINIC ATTENDANCES IN AGE GROUPS SHOWING
AVERAGE WEEKLY ATTENDANCE AT FIVE CLINICS.**

Clinic	Under 1 year	1-2 years	2-5 years	Total	Average Weekly Attendance
Rothwell.. ..	1,954	937	1,519	4,410	93·93
Lofthouse	658	343	754	1,755	37·34
Stourton	442	280	395	1,117	23·27
Oulton	422	294	325	1,041	28·92
Methley	696	284	291	1,271	33·48
Total	4,172	2,138	3,284	9,594	216·80

TABLE No. 5a.

**INDIVIDUAL CHILDREN IN CLINIC ATTENDANCE DURING
1937.**

Clinic	Under 1 year	1-2 years	2-5 years	Total
Rothwell.. ..	90	88	223	401
Lofthouse	33	42	111	186
Stourton	27	35	54	116
Oulton	31	24	58	113
Methley	43	37	58	138
Total	224*	226†	504‡	954

* Representing 72 per cent. of all children in the area in this age group.

† Representing 75·8 per cent. of all children in the area in this age group.

‡ Representing 45·5 per cent. of all children in the area in this age group, exclusive of all those who became school attenders during the course of the year.

TABLE No. 5b.**NEW CLINIC ENTRANTS DURING 1937.**

Clinic.	Under 1 year.	1-2 years.	2-5 years.	Total.
Rothwell	113	7	20	140
Lofthouse	45	9	20	74
Stourton	37	5	2	44
Oulton	30	5	13	48
Methley	42	1	5	48
Total	267*	27	60	354

* Representing 85.8 per cent. of all notified births.

Sunray Clinic.—This recent discussion on defective, debilitated, and under-standard children provides, I think, the appropriate moment for introduction of a reference to this particular activity. We have in operation an active and flourishing Sunray clinic, held at the Central Clinic, Rothwell, in which much good and profitable work is being carried out in the way of toning and tuning up children of this category. The success we attain is most encouraging, and abundantly justifies the time, effort, and money expended. The Sunray Clinic is, now-a-days, regarded by the clinic mothers not as a sort of innovation but as a greatly appreciated institution. Details regarding the work carried out during the past year will be found in the subjacent table.

TABLE No. 6.**RECORD OF SUNRAY WORK DURING 1937.**

No. of Sessions	No. of Treat- ments given	No. of individual Children treated			No. of Mothers treated	Total	Average Attendance per Session.
		Under 1 year	1-2 years	2-5 years			
102	1,987	—	9	62	17	88	19.48

NOTE.—Four children attending School, received 53 Treatments (by arrangement with the West Riding County Council).

Home Visitation.

A PRIVILEGED INTRUDER : WHERE THE HEALTH VISITOR STANDS FOR JUDGMENT.

Here we come face to face with an aspect of Child Welfare work, essentially unobtrusive, and which has in it nothing of the showy or the spectacular, and which yet is of really prepotent importance. It perhaps lacks the element of publicity which is a feature of its correlative, clinic work, to which it is complementary. Home Visitation, on the contrary, is more a thing of the quiet and peaceful backwaters, claiming, as its sphere, the privacy and seclusion of the home rather than the thronged and bustling atmosphere of a busy and animated clinic afternoon. Such a fact in no wise, however, lessens the urgency nor depreciates the importance of this branch of Child Welfare Work. Home Visitation may, perhaps, be likened to spade work, to cultivation of the soil, to tillage and husbandry as it were, preparatory to the sowing of the seed whose harvest is witnessed later on in the testing pit of the clinic.

Things the Health Visitor is Privileged to See.—Home Visitation discloses much which, in the natural way of things, the clinic can never do :—it affords, for example, a sharply defined, and accurately focused, view of family life **as it really is**, and in its ordinary everyday garb. There is no veneer here, pretence is thrown aside, and many skeletons of family life emerge for a fleeting moment from their respective cupboards and, for her edification, parade in all their grim and ghoulish reality before the eyes of the Health Visitor. To her is presented the opportunity to view, and study, the standard, high or not so high, of hygienic observance, personal no less than domestic ; the nutritional standard ; she is permitted to observe the quality standard of “ care of children ” and is thus enabled fairly accurately to classify and grade mothers in accordance with their mothercraft standard ; finally, and to sum the whole thing up, she can, with ease and certainty, judge as to how far, or as to how little, mothers are, in their own homes, translating into practice the lessons so earnestly, and with such painstaking care, taught in the clinic. All these things, naked and unadorned, so to speak, and in sharp contrast to what occurs in the clinic, where both mother and child are, to some extent “ dressed up ” for the occasion, thus creating a wholly erroneous sense of values, she is privileged to see during her peregrinations from home to home. In Home Visitation, a Health Visitor, if she possesses acumen and reasonable powers of observation, has the opportunity presented to her to probe to the depths rather than merely to gaze upon what is ostentatiously displayed on the surface.

Efficiency on Trial.—In my view, the most searching test that can possibly be made as to the capacity, and fitness for her job, of a Health Visitor, is that relative to her Home Visitation record.

In any attempt to appraise her worth and her value, I, personally, should be a deal more searching and inquisitorial in scrutinising her records of Home Visitation than I should be regarding a tally of clinic attendances, however impressive. We, in this district, take justifiable pride in our Home Visitation Record; we claim that, as regards this supreme aspect of Child Welfare work, we have been no sluggards, but have, at all times, been earnest and diligent in the endeavour to maintain Home Visitation at the same high level as that attained by clinic work. We realise that to concentrate on the latter, and correspondingly to ignore the former—a disastrous state of affairs which occurs more often than many people imagine—is merely to grasp at the shadow and lose the reality.

To demonstrate that this “boast” is not really boasting after all, I beg to refer you to the following tables recording concrete results and leave you to judge for yourselves. I would like, in particular, to direct your attention to the column relating to children between the ages of two years and five, and to which I have so recently made detailed reference. There you will find recorded the truly prodigious fact that, in 1937, every individual child in that particular age group—over 1,100 in all—received in the average **eight** visits each the year through, which I feel confident is a record which will not be surpassed by the Child Welfare Service of any Authority in this country to-day. A little further investigation will reveal an equally commendable record concerning the other two age groups—that is under one year and between one and two years—each member of both groups receiving approximately **nine** visits per head throughout the year. If judged we must be, I ask that our Home Visitation record be considered with care and diligence before judgment is passed.

TABLE No. 7.

HEALTH VISITORS' YEARLY RECORD INCLUDING DETAILS OF VISITS TO SCHOOLS AND TUBERCULOSIS CASES.

	First Visits (under 1 year).	Re-visits (under 1 year).	1-2 years.	2-5 years.	Ante-natal First Visits.	Ante-natal Re-visits.	Total (Home Visits).	Home Visits to Tuberculosis Cases.	Home Visits to School children	Visits to Schools.	Total Home Visits (M. and C.W., Tuber- culosis, and School children)
Miss Cameron	28	447	351	1,906	26	118	2,876	—	—	—	2,876
Miss Abrams	141	1,230	1,232	3,967	16	57	6,643	168	183	74	7,068
Miss Harvey	128	932	1,009	3,189	23	120	5,401	270	136	40	5,847
Total ..	297	2,609	2,592	9,062	65	295	14,920	438	319	114	15,791

NOTE.—Total Sessions held during 1937 :—Infant Welfare, 190 ; Ultra Violet Ray, 102 : Ante-Natal, 53.

Now for a brief reference to some of the ancillary activities of a Child Welfare Service :—

Grants of Milk to Necessitous Cases and Details of Sales of Dried Milk and Cod Liver Oil.—The subjacent table should, I think, explain itself. I may add that the infinitesimal charge made for Cod Liver Oil and allied preparations leaves us with a fragmentary margin of profit. Perhaps I should amend the above paragraph by further stating that Dried Milks are, likewise, supplied at reduced rates in cases where certified family income justifies it and, also, that Cod Liver Oil, as well as such associates as Iron, calcium, adexolin, and so on, are, in terms of an approved Income Scale, supplied free, or at reduced rates.

TABLE No. 8.

GRANTS OF FREE MILK : SALES OF DRIED MILK AND COD LIVER OIL.

Number of Packets of Dried Milk sold at cost price	3,013
Number of Packets of Dried Milk given gratis	376
Number of pints of Raw Milk given gratis	112
Number of ounces of Cod Liver Oil (Pure) (Sold at $\frac{1}{2}$ d. per oz.) ..	5,547
Number of ounces of Cod Liver Oil (Emulsion) (Sold at $\frac{3}{4}$ d. per oz.)	6,850
Number of Cod Liver Oil Capsules (Sold at 6d. for fourteen) ..	4,494

Infant Feeding during 1937.—The following Table will show at a glance the manner in which the mothers of this district have fulfilled this, one of the most vital of all obligations which they owe to their young children.

TABLE No. 9.

PARTICULARS OF INFANT FEEDING DURING 1937.

Number of Infants breast fed for 6 months or longer	155
Number of Infants found to be Artificially Fed at First Visit (2 weeks old)	76
Further number of Infants found to be Artificially Fed at Second Visit (6 weeks old)	36
Further number of Infants found to be Artificially Fed at Third Visit (12 weeks old)	30
Further number of Infants found to be Artificially Fed at Fourth Visit (16 weeks old)	14
Further number of Infants found to be Artificially Fed at Fifth Visit (20 weeks old)	6

Methods of Feeding (Artificial).	Reasons for Discontinuation of Breast Feeding.
Cows' Milk 50	Mothers working 6
Dried Milk 82	Maternal Debility 42
Other Proprietary Foods 30	Mastitis 3
	Illness of Infant 10
	Adopted Child 1
	Advised by Medical Attendant 41
	Mother in Hospital 4
	No apparent reason 55
162	162

RESCUE SERVICES.

The following is a compendium of Rescue, or Salvage, services operative in this district which, I think, may be accepted as indicative of the effort made by this Authority to provide adequately for every essential need of mothers and young children under five years.

- Hospital treatment for all emergency maternity cases

Hospital treatment for cases in which housing conditions are undesirable.

Hospital provision (free) for Puerperal Fever and Puerperal Pyrexia.

Ambulance free in all above cases.

Consultation at home with Specialist in cases of abnormalities, arising ante-natal, post-natal, or during labour.

Consultative Ante-Natal Clinic, with obstetric Specialist in attendance.

Provision (free) for X-ray examination of maternity cases of dubious diagnosis.

Consultative Ophthalmic clinic, with Specialist in attendance.

Home consultation with Ophthalmic Specialist in emergency cases.

Hospital provision for cases of Ophthalmia Neonatorum.

Orthopædic hospital provision for children under five.
- Provision of dental treatment for expectant and nursing mothers.

Provision of dental treatment for children under five.

Convalescent Home treatment for debilitated children under five.

Seaside Convalescent Home provision for debilitated mothers and infants.

Child-Welfare, ante-natal and post-natal Services (under our own control) with Medical and Health Visiting Staff.

Immunisation (Diphtheria) Clinic.

Grants of free milk to debilitated children under five.

Grants of free milk to nursing and expectant mothers.

Grants of dried milks and Cod Liver Oil at reduced terms in accordance with income.

Provision of Sunray treatment for debilitated children under five and for expectant mothers.

Home Helps.

I may add, that, complementary to the above provisions, Convalescent Home treatment for debilitated women is, likewise, ensured through the medium of our Voluntary Nursing Association.

Municipal Midwife Service.—This Service, which was established by this Authority three years ago, and which, therefore, anticipated the Midwives' Act by that period, was, under the terms of that Act, transferred to the County Council on December 1st, 1937, and from that date ceased to be under our control and authority. The point worthy of emphasis is that this Authority **did**, of their own free will and accord, found a Municipal Midwife Service three years in advance of such a provision being compulsory, and one which, during that time, was administered with outstanding success and was, at the same time, profoundly appreciated by those in whose interests it was established. The Service being no longer under our control, I think it only right and just that the pioneer spirit, a spirit of foresight and enterprise, exhibited—and not for the first time, be it added—by this Authority, in matters relative to Health administration, should be thus acknowledged.

The following table details record of work carried out during that portion of the year whilst the Service was still under the control of this Authority.

TABLE No. 10.

RECORD OF WORK CARRIED OUT BY MUNICIPAL MIDWIFE

JANUARY 1st—NOVEMBER 30th, 1937.

CASES ATTENDED.			No. of Midwife's Cases Attending Ante-Natal Clinic.
As Maternity Nurse	As Midwife	Total	
14	85	99	98

Home Helps.—An actively operating provision, established in December, 1935, which renders yeoman service to women in industrial homes during the testing late period of pregnancy.

Convalescent Home Provision for Debilitated Mothers and their Infants.—During 1937, ten mothers, with their Infants, received benefit under this Scheme, being sent to Withernsea Home for Mothers and Babies for a period of two weeks each. I can only

say, once again, that I consider that, of the whole category of Health provisions, this is one of the most beneficent, as well as one of the most appreciated, and I sincerely wish its scope could be greatly extended.

Dental Treatment for Children Under Five and for Expectant and Nursing Mothers.—Yet another most admirable provision. Under arrangement with the West Riding County Council Dental Service, the Maternity and Child Welfare Authority of this district provides dental treatment for children under five years, whilst, in the case of expectant and nursing mothers, arrangements for treatment are made with their own dentists, a subsidy, with a maximum of £5, being made by the Authority in regard to costs.

Contributory Payments towards Bus Fares.—In the case of children attending the Sunray Clinic, and in the case of women attending the Ante-Natal clinic, contributory payments are made by the Authority towards the cost of bus fares.

Lady Voluntary Helpers.—One would be failing in an obvious duty were one to refrain from putting on record our sincere thanks for the inestimable services rendered in the clinics by those ladies, and our sense of appreciation is in no way lessened by the knowledge that the help, so willingly and so unselfishly given, has, in many cases, entailed no small sacrifice of personal freedom and leisure. In view of the crowded state of our clinics now-a-days, on clinic days, the services proffered by those ladies are, literally, invaluable.

District Nurses.—Another welcome opportunity for saying “Many Thanks.” Those “unofficial” members of the Health Services have, to-day, so staked their claim on the affectionate regard of the people of this district that we cannot conceive how they possibly managed to carry on in the days before there were District Nurses. For the devoted service which those Nurses so unobtrusively render, for the patience and unfailing consideration, and the kindly sympathy they, at all times, and under all circumstances show, we, the people of this district, simply cannot say how grateful we are, nor how much we appreciate the great work they do in times of illness and suffering, and for all this we can only once again say “Thanks.”

Health Week.—This particular, and annual, effort at Health propagandism, which we, in this district, now-a-days take so seriously, was once again duly observed in October, 1937. I have made specific reference to Health Week in the course of the opening chapter of this Report, so, at this juncture, need do no more than formally record its celebration.

INFANT MORTALITY.

A WORD ON NEO-NATAL DEATHS.

During 1937, out of a total of 351 births (post-amalgamation Rothwell area) there were 24 infant deaths, thus giving an Infant Mortality rate for that year—that is the proportion of children who died before reaching the age of one year per thousand live births—of 68·37, as compared with a figure of 57·27 in 1936, with 38·6 in 1935, with 50·94 in 1934, with 77·8 in 1933, and with 40·9 in 1932, all those latter figures having reference to the old Rothwell district before the recent acquisition of the two added areas.

A Sorry Tale : Unbelievable—But True.—Trespassing into the domain of Infant Mortality we, invariably, find the element of gamble, or chance. What I mean to say is that many—indeed a startling proportion—of such deaths are, patently, beyond the power of any child Welfare Service, however comprehensive in range and equipment, or of any Health Visiting staff, however skilled and industrious, to prevent, as, in such cases, sentence of death, without hope of reprieve, has already been pronounced before ever the child draws its first breath and, consequently, comes within the sphere of action of those preventive agencies. In support of this contention, let me get down to concrete facts. As revealed by the 1937 statistics, 14 deaths, appreciably **more than one half of the year's total**, were of the neo-natal category—that is under one month—no fewer than 13 of them, as a matter of fact, occurring during the **first week** of life and, moreover—and this is the really suggestive bit—with one solitary exception, they were, one and all, debited to congenital shortcomings, and for the major part, **premature birth**. Obviously, no Child Welfare Service nor any Health Visitor on this earth could save them **once they were born**. To continue the dismal and depressing story: with three exceptions, every one of those infant deaths during 1937 occurred before the expiry of the **first six months**!

Is it necessary any longer to stress the obvious? Practically not one of those fatalities gave even a sporting chance to either the Child Welfare Service or its staff once the child was born, but a substantial proportion, probably most of them, were reclaimable by action **before they were born**. The moral here literally sticks out, and it is that it is futility of the first order to erect, to equip and staff, elaborate and costly clinics merely to deal with children after they are born—to sit down placidly, with arms folded, and wait for their arrival as it were—and, at the same time, to ignore the really stupendous importance of ante-natal care and supervision. The spectacle of a dog chasing its tail is not more absurd and ridiculous in its consequences than is such an attitude. With

wearying persistence I keep on stressing the fact that, look in what direction you like, skilled ante-natal care is found to be the veritable foundation stone of the whole great edifice, not only of Child Welfare, but of the well-being, the safety and security of the men and women into whom those children are one day destined to grow, or, to vary the metaphor, that it is the hub from which, like the spokes of a wheel, radiate all other health endeavours, of whatever category or genus. And yet, alas, how often is it a case of a voice crying in the Wilderness !

No One So Blind as those who Won't See.—It is one of the enigmas of Public Health work, and of which in even this most progressive-minded of districts we have had more than one illuminating example, that so many people, not wholly excluding even members of Health Authorities, and really good-intentioned folk at that, make ready response and give enthusiastic support to a Child Welfare Service, but damn, with the very faintest of praise, its collateral, the Ante-Natal Service ! They talk, and act, as though the latter were a sort of supernumerary, engineered and boosted by a set of hyper-zealous officials, whose enthusiasm sadly overruns their discretion, as something of not quite first grade importance, a sort of fancy frill around the hem of the real pukka garment, the Child Welfare Service. Heaven help us ! Just think for a moment of the mournful and lugubrious statistics of mortality which I have just passed in review. I, in all earnestness, issue the warning that, if the effort to protect and safeguard the well-being, the health and lives of young children, as embleinised by a Child Welfare Service, is to come to successful fruition, the latter must needs be inter-linked with the Ante-Natal Service, to form one continuous, unbroken and indivisible chain. If, what is probably not the case, you, perchance, possess the necessary time and inclination, not to say energy, to study what I have written from the very commencement of this Report, as well as much of what still remains to be written, you will discover that everything, literally everything, therein discussed is simply a signpost, with finger pointing, unmistakably and unerringly, to the care and supervision of expectant women, as the road which must be travelled if we are to arrive at a successful consummation of our great and much desired ideal.

Stillbirths.—During 1937, 18 stillbirths were registered in the district (new enlarged area) as compared with 7 in 1936, and with 15 in 1935, the two latter being pre-amalgamation figures. Stillbirths owe their inception to causes identical with those which bring about neo-natal deaths, the one distinguishing feature being that whilst the latter first of all get born and then die, the former, adopting the line of lesser resistance, anticipate the subsequent inevitable despatch by unprotestingly succumbing in advance.

Everything, I may add, written relative to neo-natal deaths, is equally applicable to stillbirths.

The two small tables now following will detail our stillbirth and neo-natal experiences during the year.

Table No. 11a.

DETAILS OF STILL-BIRTHS
FOR THE PAST FOUR YEARS.

Year.	No. of Live Births.	No. of Still Births.	Proportion of Still-births per 100 Live Births.
1934	216	4	2.7
1935	233	15	6.4
1936	227	7	3.08
1937	351	6	1.7

Table No. 11b.

DETAILS OF NEO-NATAL
DEATHS FOR THE PAST
FOUR YEARS.

Year.	No. of Live Births.	No. of Neo-Natal Deaths.	Proportion of Neo-Natal Deaths per 100 Live Births.
1934	216	7	3.2
1935	233	5	2.1
1936	227	11	4.8
1937	351	24	6.8

I wish to direct your earnest attention to a table, now presented, referring in detail to mortality in children under five years of age, the particulars being classified in age groups. This, in my view, is a table of unsurpassable importance and significance.

Following this table will likewise be found two short articles dealing in an analytical manner with the supremely important matter of child mortality. I ask you to give those articles careful and studied consideration, and I can assure you that the time and trouble thus expended will not be wasted.

TABLE No. 12.
DEATHS OF CHILDREN UNDER FIVE YEARS. IN AGE GROUPS.

CAUSE OF DEATH.	Under 1 wk.		1-2 weeks		2-3 weeks		3-4 weeks		1-3 mths.		3-6 mths.		6-9 mths.		9-12 mths.		Total		1-2 yrs.		2-3 yrs.		3-4 yrs.		4-5 yrs.		Total	
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Pneumonia ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
Jaundice ..	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Icterus ..																												
Neonatorium ..	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Convulsions ..	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Infantile Gastro-Enteritis ..	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Congenital Debility and Premature Birth ..	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	8	0	0	0	0	0	0	0	0	0	0
Acute Bronchitis ..	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Congenital Malformations ..	2	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
Tuberculous ..																												
Meningitis ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Uræmia ..	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Acute Appendicitis ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
TOTAL ..	5	8	0	0	0	1	0	0	1	1	4	1	0	1	0	2	10	14	0	0	0	0	1	0	1	0	2	2

MORTALITY IN YOUNG CHILDREN.

A TRAGIC STUDY IN CONTRASTS.

Comparison of Deaths Under One Year with those between One Year and Fifteen.—Such, on the face of it, may appear an unfair comparison, and yet here is the story :—During 1937, in this area—the recently extended area, that is—whilst twenty-four children died during their first year, no more than twenty-two died between the ages of one year and fifteen, that is, during the next fourteen years combined ! This seeming incomprehensibility is, nevertheless, quite a usual state of affairs, occurring with unbroken regularity, and which, if it does nothing else, emphasises the truly tragic dangers of the first year of life which, in its accumulated risks, is thus seen to be in itself as dangerous as are the succedant fourteen years slumped together. That this first year of life should be a period of exceptional risk, that it should be more dangerous, even much more dangerous, than any other year of its first fifteen during life, or even that it should be, as it beyond doubt or question is, the most dangerous and most menaced of any year throughout one's whole lifetime, is understandable, but that its own individual risks and its hazards should be as great as during its next fourteen years combined is, indeed, far from being understandable. In order to reach a comprehension as to why there should be such a seeming contradiction of what might, in a reasonable way of things, be expected, certain premises must first of all be laid down.

That Fated First Year !—The first year of life is characterised by risks to which all subsequent years are exempt, because, in the first place, a child is, during this period, a comparatively frail thing, still struggling to obtain a secure grip on Life's ladder, its resistant power to attack by antagonisms of varied character—of which pulmonary affections are ready examples—being consequently but ill developed ; it is, during this early stage, that congenital defects and deficiencies as, likewise, the influence of maternal ante-natal shortcomings, are first clearly evidenced ; it is during this first early year when dietetic troubles are peculiarly prone to occur, and it is during this same ill-starred period when weaning, with its abrupt assumption of a more diverse and more complicated diet, and with all the inseparable risks and disturbances attendant thereon—greater by far than most people—and many mothers—imagine or comprehend—contributes its quota to the chapter of added risks characteristic of this first fateful year ; it is during this epochal period when dentition troubles appear, with all the customary attendant disturbances of sleep, appetite, and health in general ; furthermore, a child, during its first year, is an absolutely

helpless and dependent creature, more helpless and dependent than it will ever again be throughout its lifetime, utterly incapable of fending for itself, and here is consequently introduced the by no means negligible risk arising from indifferent, neglectful, ignorant and incompetent parental care and supervision.

It will, therefore, be readily understood that a young child's health, well-being, and even life, are threatened and menaced during its first year to a degree far beyond that appertaining throughout life, indeed as much, as I have already pointed out, as during its next fourteen years combined, but even that is not to say that those risks as just detailed, and which are indigenous to this period of life, are not, at least to a considerable extent, controllable and, therefore, remediable.

Cure ?—The Recipe.—For remedy of an ail which is based largely on ignorance or on lack of parental knowledge and understanding, perhaps even, in cases, sad to say, due to parental indifference and unconcern, we must resort to well-tried methods ; we must try to raise the standard of parentcraft and, in particular, mothercraft, by education, by instruction, and by example no less than by precept—we must, in a word, in the effort to combat mortality in young children, enlist the services of a Child Welfare Service and, at the same time, ask it to exercise every ounce of its authority and power. It is, to put the matter bluntly, largely in the hands of parents to say whether their infants are to be shielded from such calamitous and overwhelming disasters, or whether we are, with their connivance, to adopt a policy of *laissez faire*, and content ourselves with merely “ counting heads,” or, in other words, compiling an obituary column of the victims at the end of the year. Let it, at the same time, however, not rashly be assumed that even the most active and virile Child Welfare Service can perform a miracle, can obliterate child mortality—that is an impossibility, for even children are mortal—but what it can and will do, that is, if granted the opportunity, is to reduce it immeasurably and, at the same time, correspondingly to safeguard and secure the health, the well-being, and even the lives of young children.

A Sorrowful Recital : Children who die between the Ages of One Year and Five.—During 1937, 11 such deaths occurred in this district. The question may here be legitimately asked “ What is the distinctive significance of this particular era, and why pick it out from among all others for special emphasis ? ” The reason for so doing is a sound and logical one and is that this age period possesses unique features. In the case of mortality among children between one year and five, several variant factors are involved :—gradual and steadily increasing relaxation in parental supervision

and concern as the child ages and becomes more of an independent entity ; it reflects the fact that a given proportion of children of the weedy and defective type had, by the intervention of Providence, contrived, fortunately—I wonder ?—to slither over the boundary separating the first year of life from the second, merely to add one more scene to the drama before its tragic, and inevitable, close ; it means that the necessary time has now elapsed for the development and detectable appearance of flaws and defects traceable to maternal shortcomings during pregnancy, largely the issue of lack of proper ante-natal care and supervision. There is, let me add, a more direct relationship between ante-natal supervision—or the lack of it—and deaths of children between the ages of one year and five than many people even dream of. Finally, between the ages of one year and five, a child becomes exposed to the full blast of the evil consequences of such adverse factors as housing, environmental, dietetic, and nutritional deficiencies.

Remedy ?—Another Dose of the Same Medicine.—For the remedy of this particular ill, we must seek to administer the same prescription as before, one whose efficiency never fails :—tuition of parents, with the consequent enhancement of the standard of parentcraft, coupled with skilled supervision and direction of children during those first critical years—in other words, the ready and unqualified submission of parents to the authority, no less than to the claims of, once again, the Child Welfare Service, with its full and impressive array of protective equipment, though, to this benignant agency, must, on this occasion, be added the Ante-Natal Clinic, for to this particular chapter of disasters the mother section of the community are heavy contributors. The tragic fact is that **every one** of the predisposing causes of child mortality, to which I have referred above, is, by the mere exercise of common sense, added to frank and full recognition, and fulfilment, on the part of the Authority and parents alike, of their obligations and responsibilities, **preventable**.

The Saddest Tragedy of All—An Unnecessary One.—It is, indeed, a sorrowful thought that, from lack of ordinary common sense or, what is a thousand-fold worse, from sheer culpable indifference, so many young children, whose lives and promise constitute the greatest asset by far possessed by any community, should be thus wantonly and ruthlessly and, saddest thought of all, needlessly, sacrificed. Yes, even from such a mournful and lugubrious, such a sadly distressing, study as that relating to mortality among young children, issues forth a moral, and a mighty big one to boot.

Maternal Welfare

THE FOUNDATION STONE OF SOCIETY.

A PROBLEM WHICH CONTROLS THE DESTINIES OF HUMANITY.

To those ungifted with the faculty of imagination or perception, Life's sojourn may possibly appear a random and haphazard affair, without definite aim or intent, its course largely dictated and directed by casual, and more or less accidental, circumstances rather than by any preconceived plan or design, drifting, as it were, like a ship without rudder or compass, whither chance currents may elect to carry us, but, all the time, though wholly unappreciated by us, there is a "destiny which shapes our ends" and conducts us undeviatingly towards a definite, if invisible, goal. Just in the same way we, in the course of compilation of a Report of this kind, no matter how many byways and sidetracks we may, in the course of its elaboration, frequent, no matter how diverse and devious may be the excursions we make, no matter how remote and seemingly inconsequential be the subjects discussed and analysed we, sooner or later, but as certain as fate, find ourselves, in the end, heading along the broad highway which has, as its culminating feature, the one central idea of conserving and safeguarding the health, the fitness and well-being of child-bearing women—in other words, Maternal Welfare, and it is at that goal I have now arrived.

Common Human Frailties : Seeing and Understanding Far from being the Same Thing.—It is a curious characteristic of the human mind that it is so readily attracted and dazzled by the glitter of the obvious, and is yet so apt to overlook that which, being not quite so obvious, calls for search and seeking. For example, a young child is an obvious thing, something which you can plainly see and touch. Its material form being thus so readily recognisable it, as a pure matter of course, immediately becomes the favoured recipient of solicitous care and attention, directed towards its well-being, its security and protection—in other words, the Child Welfare Service, for the benefit of the child, proceeds forthwith to bring into action its full armoury of defensive and protective weapons and, at the same time, pours over its devoted head showers of benisons of all sorts and range.

What about the not quite so obvious? Do people—at least many people—ever stop to consider—what they would, of course, tell you they know quite well—that men and women are simply children over whose heads a given number of years have passed, or that, as men and women, they possess the same identical bodies—a bit more grown and developed, that is all—which they had as children, or, again, that the defect-ridden or defect-free, the healthy

or unhealthy, the wholesome or unwholesome, bodies which they now possess are, so to speak, the direct lineal descendants of those they possessed as children, and that many characteristics, health and others, which are their's to-day, are nothing more nor less than transmitted legacies from the children they formerly were—in plain words, that the child is father of the man ?

THE RELATIVE PLACES OF HEREDITY AND ENVIRONMENT IN FORECASTING A HUMAN BEING'S FUTURE.

Again, do people—very few, this time, I fear—ever stop to consider that a child is the re-incarnation of its parents and, in particular, its mother, that it is bone of their bone, flesh of their flesh and that, therefore, whatever a child possesses at birth is that which its parents and, once again, in particular, its mother, have donated to it. In the drafting of a child's life horoscope, its parents are, beyond all doubt or argument, the master craftsmen. This, once again, raises acutely the whole great question of heredity. I am fully aware that much is ascribed to the influence of heredity to which, in reality, it cannot justly lay claim. I know quite well, though a mother does bequeath to her child at its birth attributes and qualities which are destined to become part and parcel of its future moral and physical equipment, that Nurture, that is the whole surrondant conglomeration of environmental factors, such as housing: family standard of living; economic circumstances, affording, or withholding, opportunities for acquirement of essential needs; nutrition; parental example and parental discipline; the standard and quality of parentcraft to which the child is subjected; the degree of subjection to, or wilful deprivation of, such beneficent influences as a Child Welfare Service offers; and so on, plays an equally great part—perhaps, maybe, a predominant part—in pre-casting and moulding a child's future, from a character, no less than from the more material health, aspect.

The Expectant Mother's Physical Standard the Ultimate Trump Card.—That granted, it cannot yet be denied that the mother's physical standard during the pre-natal period, her health, her freedom, or otherwise, from constitutional flaws and defects, exercise an incalculable and corresponding influence upon the physical standard, upon the health and upon the freedom, or otherwise, from constitutional flaws and defects, of the child she is destined to bear. Such is the lesson I am endeavouring, to the best of my poor ability, to teach—that not only does the mother's standard and quality during pregnancy exercise an influence, which is transcendental, upon the whole future of the child but that, at the same time, there is a line stretching as straight and as undeviating as a ray of light, from the child-bearing woman to the ultimate

man or woman, and from such a premise comes, logically and naturally, the deduction that there is nothing, absolutely nothing, which a community possesses, of such potential and, in the end, determinant, value, as the health, the fitness and well-being in general of child-bearing women, who are thus seen to control the fates and fortunes of not only the child about to be born but also of the grown man or woman it is, in the fulness of time, going to become, something, this, let me add, which many people are either too blind or too obtuse to either believe or understand.

Yet Another Example of Human Contrariness.—That contention accepted, the question naturally follows as to what steps we, in this district, are to-day taking towards the conferment upon those women of such a charter of safety and protection. A review of the contents of this Report should, unhesitatingly, answer that question. Here, however, we once again come up against the old familiar snag. Provision of opportunity is one thing, acceptance of it—an essential corollary of successful fulfilment—is quite another thing, and perhaps the more difficult of the two. The whole intricate problem may be condensed within the confines of one short phrase—skilled, watchful, and unceasing ante-natal care and supervision. How I wish I could make people, sadly too many of whom—not excluding, alas, not a few expectant mothers themselves—display such indifference, such a supercilious, off-hand, almost jaunty—I nearly said jaundiced—attitude towards the Ante-Natal Service and its work, understand, and believe, what a serious, profoundly significant, and vital matter this really is.

Lifting the Veil : Every Picture Tells a Story.—Just for a moment picture the case of a woman who is expectant—say perhaps her first pregnancy. Her ignorance of everything appertaining to her state is literally fathomless : rules of conduct and behaviour to be observed, dieting, rules regarding such matters as rest, work and exercise, various other matters which may be slumped under the term “hygienic observances”—of all such matters, with such a vital bearing, one and all, upon such desirables as safe and successful delivery and the birth of a fit and healthy child, she knows about as much, or as little, as the child not yet born. What, furthermore, does such a woman know of her physical and constitutional state, whether her medical sheet is a clean one or one, on the contrary, besmirched and defaced by all manner of flaws and shortcomings, which may exercise such a detrimental effect as regards both safe delivery and the birth of a healthy and defect-free child ? The answer is that she knows little or nothing and, in many cases, seems to care even less. This, let me add, is no overdrawn picture but is one of events which transpire every day—that is in absence of skilled ante-natal care.

The Courage of Ignorance : Tragedy on the Heels of Bravado.—

Thus do many women adventure forth, light-hearted, nonchalant and without, seemingly, a care or anxiety in the world. How, in Heaven's name, can it be expected that such a woman, ill-equipped and ill-found as she is, and what is even worse, sublimely ignorant of the risks she runs, can successfully accomplish such a long and arduous journey and one upon which will, with all certainty, be encountered difficulties and dangers at every turn, risks here and threats there, without the help and counsel of a tried, skilled and experienced guide? And yet, this joust with fate and fortune, this dangerous and reckless gamble—for, after all, life is at stake—is, without a thought of consequences, indulged in by women every day, and the price paid is as recorded in cold print in Reports such as this :—a dismal and heartbreaking record of women maimed and scarred, health impaired and, in cases, irretrievably ruined, birth of premature and deplorably ill-conditioned children, records of mortality among infants and young children, stillbirths, child degenerates and defectives, even cripples, the sorry outcome of difficult labour arising out of some undetected structural abnormality of the mother, and, to place a fit coping stone upon this charnel house of horrors, let me add Maternal Mortality, indeed a supreme sacrifice upon the altar of ignorance, of folly—whether culpable or innocent matters not a jot—and, I may almost dare to add, of prejudice.

A Lifeline.—The lifeline, which an Authority such as this holds out with a gesture of invitation, is the Ante-Natal Service and its clinics. They believe that therein lies safety guaranteed, but as to whether that line is grasped, or is rejected and disdained, is for those women, too often, the pity is, the recipients of rank bad, and even dangerous, advice from others still more ignorant and foolish than they themselves are, and for them alone to decide. It is as plain as the nose on one's face that no Service nor clinics can ever do a ha'porth of good unless those for whose benefit they are provided willingly and readily submit themselves to their autocratic authority and rule.

PLAIN SPEAKING.

**SOME FRANK VIEWS ON THE STUPIDITY OF WOMEN—AND
OTHERS—REGARDING ANTE-NATAL CLINICS.**

Why this clinic shyness on the part of certain women? Is it exponible on any grounds of logic or reason? As regards ante-natal care, the crux of the whole trouble is that some women, as well as many members of the general public, **don't really believe in it.** Surely the depths of crass stupidity are here plumbed! Can human obtuseness, can bluntness of wit, possibly go further? Not a few

women refrain from clinic adherence, not from prejudice, but simply and solely because they think they do not need it and regard it, not as a real, live factor in determining their safety and security, or something from which they will receive any material assistance or benefit, but merely as an empty, and more or less meaningless, formula. So far as their condition, and its eventual issue, are concerned, it really does not matter a button, they say, whether they go or stay away—and they actually believe it, moreover—so why bother themselves? Those are the kind of ideas, that is the attitude, which bring about empty chairs in the Ante-Natal Clinic.

Despite their multitudinous qualities of mind, despite that ingrained common-sense with which the Deity has so richly endowed their sex, women are, at heart, fatalists. If they chance to become pregnant well, everything will be all right—the gods will see to that!—but let me remind them that the gods “help those who help themselves” and that, if they leave the gods to do all the work and take no steps to help and protect themselves, they may some fine day get the shock of their sweet lives, when, to their dismay and everlasting confounding, they discover that those same gods, having other, and more important, jobs to do, had entirely forgotten all about them. The moral of that little story is one over which all mothers-to-be—that is all the sensible ones—should ponder long and earnestly:—it is “Put your trust and confidence, not in the Gods of chance, but in the Ante-Natal Clinic, and if, perchance, your sporting instincts impel you to have a flutter, if gamble you must, then—gamble on a certainty!”

A Noble Objective.—I don't quite know whether the object I had in mind when I began writing this chapter has been achieved or not, that is, the effort to make clear and unmistakable the one great and notable truth that the standard of health and fitness of child-bearing women is something which, in importance, in significance, and in its ultimate and vital consequences upon the well-being and security of the community at large, stands pre-eminent and unsurpassed, and that, as a logical corollary of this, and, to put it on no higher plane, as a pure act of self-defence, no effort, be what it may or cost what it may, must be spared in the endeavour to so guide, counsel and, with unceasing vigilance, to keep guard over those women during the parlous time of pregnancy, that they may be rendered fit in the highest to fulfil, with credit and satisfaction to themselves, and to the abiding good of the community of which they are members, their destined purpose.

The Young Girl Stakes Her Claim.—To bring to an end this subject of Maternal Welfare, let me in just a word refer to the parallel question of “Girl Welfare,” a matter, surpassingly important

though it be, to which few people ever give a thought. We, so illogically, demand a steady and ever-flowing stream of healthy and physically fit women to fulfil, for our benefit and advantage, the function of child bearing, and yet we—? and so on to its logical but lamentable conclusion. I have written a short essay on “Girl Welfare” which will appear as a special article a little later on in this Report, and to which I, with all the powers of persuasion I possess, appeal to you, as controllers of the Health Services of this District, to give your earnest and most careful consideration for, believe me, it **is** important.

POST-NATAL CLINIC.

A FINAL LOOK OVER.

We, each week, hold a Post-Natal Clinic in association with the ante-natal one and though this confronts us with a gradient even steeper than that presented by the latter, we are, none-the-less, meeting with quite encouraging success. To the average lay mind, and even in the minds of most recently confined women, once the confinement is over, and the child duly born, that particular chapter is closed for good, unless, maybe, fortune decrees that it be reopened on some future, and auspicious, occasion. That, however, is, to some extent, a fallacy. Granted that the confinement is now successfully accomplished, and granted that the central figure in the drama is, once again, seemingly whole, hale and hearty, that in no way justifies the assumption that the woman has necessarily emerged from her period of travail unblemished—even though she may chance to have been a devout clinic attender—and such blemishes if any, may, indeed assuredly will, remain undetected and, consequently, unremedied—that is, in the absence of specific investigation. The “all clear” signal can only be given after this “rounding off” process has been duly, and circumspectly, carried out, and such is the function of the Post-Natal Clinic. This, as I have just said, is somewhat uphill work, for women, for the most part, simply don’t appreciate the need for it, but we are persevering and are, I feel justified in saying, encouraged.

MATERNAL MORTALITY RATE.

During 1937, two maternal deaths were recorded in this area (enlarged post-amalgamation area) the mortality rate therefore being, for that year, 5·6, as compared with a figure of 4·40 in 1936 (pre-amalgamation area). As a matter of interest, I may record the fact that, in this district, the average maternal mortality rate per year for the triennium, 1934, 1935 and 1936, was no more than 1·5. A discussion on Maternal Mortality pretty well reduces itself to a discussion on Maternal Welfare and that aspect has, I think you will agree, already received ample attention in this Report.

I will now submit a series of tables giving particulars relative to the activities of the Ante-Natal Clinic during the year, as well as other matters allied to it.

TABLE No. 13.

DETAILS OF ATTENDANCES DURING 1937.

Total No. of Expectant Mothers Attending.	Primiparae.	Multiparae.	No. of Sessions held.	Average Attendance per Session.	Percentage of Notified Births in Clinic Attendance.
167	65	117	53	9.9	63.6

Total attendances 532

TABLE No. 13a.

**PERIOD OF PREGNANCY AT WHICH FIRST ATTENDANCE
(1937) TOOK PLACE.**

1st month.	2nd month.	3rd month.	4th month.	5th month.	6th month.	7th month.	8th month.	9th month.	Total.
1	10	17	46	46	38	18	3	3	182

NOTE.—Where women reside a mile or more from the Clinic, transport expenses are paid by the Authority.

TABLE 13b.

**DEVIATIONS FROM NORMAL DETECTED DURING ANTE-NATAL
CLINIC EXAMINATIONS.**

Anæmia 5	History of frequent mis-	
Varicose Veins 5	carriages 2	
Breech Presentation 1	Pelvic Malformations 2	
Dyspepsia 49	Laryngitis 1	
Constipation 19	Tachycardia 3	
Myocarditis 3	Bronchial Catarrh 2	
Hæmorrhoids 1	Inguinal Hernia 1	
Severe Varicosity 4	Hyperthyroidism 1	
Acute Nephritis 1	No abnormality 81	

TABLE 13c.

**CONFINEMENT HISTORY OF THE EXPECTANT MOTHERS IN
CLINIC ATTENDANCE DURING 1937.**

Normal Deliveries 110	Normal Delivery, Retained Placenta (one of above was a case of severe post-partum hæmorrhage, necessitating services of Consultant) .. 2
Normal Deliveries with Ruptured Perineum .. 8	Removal to Hospital—labour induced, delivery of a stillbirth 1
Breech Delivery (one mother afterwards removed to Hospital for Puerperal Fever) 3	Forceps delivery with severe ante-partum hæmorrhage .. 1
Still births 1	Forceps delivery, stillbirth .. 1
Stillbirth and Spina Bifida .. 1	Removal to Hospital for instrumental delivery .. 1
Premature Delivery 3	Premature delivery (infant died after 17 hours) .. 1
Premature Twin Delivery (resulting in the death of one infant) 1	Removal to Hospital—delivered of stillbirth after long delayed labour 1
Full Time Twin Delivery (both infants living) 1	Removed from the area, no information available .. 3
Normal Delivery (mother afterwards developed phlebitis) .. 1	Due for delivery during 1938.. 37
Miscarriage 4	

TABLE No. 14.

**PARTICULARS OF CASES ADMITTED TO MATERNITY HOSPITAL
DURING 1937.**

Pelvic Malformations.	Delayed Labour.	Induction of Labour.	Unsatisfactory Housing Conditions.	Admitted after premature birth on account of debilitated infant.	Total.
2	2	1	2	1	8

DEFECTIVES.

The two following Tables give particulars of defective children in this area, and an instructive, if sorry, catalogue it is. It may be noted that quite a number of those recorded defects have a distinctly “maternal” flavour about them, some pre-natal and some post-natal, and, to that extent, they must be considered in the light of what I have just written under the heading “Maternal Welfare.”

TABLE GIVING PARTICULARS OF DEFECTIVE CHILDREN ATTENDING INFANT WELFARE CENTRES DURING 1937. Birth to One Year.

CONGENITAL DEFECTS														NON-CONGENITAL DEFECTS.													
Phimos.	Umbilical Hernia.	Inguinal Hernia.	Prematurity.	Torticollis.	Malformation of Big Toe.	Hydrocele.	Congenital Deformities.	Hare Lip and Cleft Palate.	Mental Deficiency.	Congenital Syphilis.	Total.	Dietary Disorders.	Dermatitis.	Ophthalmia.	Nasal Obstruction.	General Debility.	Stomatitis.	Respiratory Disease.	Burns.	Anaemia.	Cervical Gland.	Coeliac Disease.	Total.				
9	15	1	3	1	1	2	1	2	1	1	37	32	3	1	4	8	1	8	1	3	1	1	43				

One to Two Years.																																				
Phimos	Naevus.	Heart Defect.	Paralysis of Arm.	Umbilical Hernia.	Ophthalmia.	General Debility.	Respiratory Disease.	Burns.	Mastoid Disease.	Otorrhoea.	Dietary Disorders.	Pink Disease.	Rickets.	Retarded Development.	Eczema.	Eye Defect.	Septic Fingers.	Cervical Abscess.	Mentally Retarded.	Septic Sores.	Adenitis (Cervical)	Enteritis.	Dermatitis.	Psychological Difficulties.	Anaemia.	Total.										
7	1	1	1	1	2	8	9	2	1	2	6	2	1	5	1	1	1	1	1	1	1	1	1	1	1	63										
Two to Five Years.																																				
Torticollis.	Phimos.	Eye Disease.	Inguinal Hernia.	Heart Defect.	Hydrocele.	Talipes.	Anaemia.	Otorrhoea.	Stomatitis.	Dietary Disorders.	Dermatitis.	Fractured Arm.	Respiratory Disease.	Abscess of Jaw.	Psychological Difficulties.	Adenitis (Cervical)	Dental Caries.	General Debility	Mental Deficiency.	Rickets.	Nasal Obstruction.	Septic Sores.	Vaginal Discharge.	Enteritis.	Adenoids and enlarged Tonsils.	Ophthalmia.	Defective Speech.	Fits.	Generally Retarded.	Rheumatism.	Asthma.	Worms.	Eczema.	Genu Valgum.	Genu Varum.	Total.
2	3	1	2	3	1	1	15	4	1	8	2	1	12	1	1	1	8	2	23	2	5	3	2	1	1	4	2	1	1	1	8	1	1	1	1	129

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TABLE No. 16.

**FURTHER DETAILS REGARDING DEFECTIVE CHILDREN
(ALL CHILDREN IN DISTRICT WHETHER IN CLINIC ATTEND-
ANCE OR NOT) DURING 1937.**

	No. of Children with defects.	Remediable.	Irremediable.	No. remedied.	No. under present Treatment.	Remediable, but neither remedied nor under treatment.
Birth to One Year	47	45	2	28	16	1
1 to 2 Years ..	29	27	2	16	9	2
2 to 5 Years ..	73	64	9	11	40	13
Gross Total. Birth to Five Years	149	136	13	55	65	16

Note.—Not included in the above Table are 14 cases of Tonsils and Adenoids, all treated, and 19 cases of Dental Caries, all treated.

Nutritional Deficiencies.—This matter refers to deficiencies arising largely from feeding and dietetic errors and transgressions, and here, once again, we find ourselves trespassing upon the field of Child and Maternal Welfare, already so fully dealt with. In some of those cases the mother is blameless, as deficiency in one form or another comes despite all her watchfulness and honest efforts to put her clinic teaching into practice, but some of them, alas and alack, represent the fruit of maternal carelessness and indifference, arising from obstinate refusal or neglect to put to practical use that which the clinic has taught her, or—should I say?—tried to teach her.—It is a case of “Ears hath she, but she heareth not”—or, at all events “heedeth not.” Many of the deplorable instances recorded in this table need never have found harbourage there at all if **all** mothers had been as wise and sensible as some are. Therein lies the sting of this little anecdote.

TABLE No. 17.

TABLE SHOWING PARTICULARS OF CASES OF NUTRITIONAL DEFICIENCIES.

Age Period.	Total.	Bottle Fed.	Breast Fed.	Full Term.	Prem-ature.	Clinic Attenders during pre-natal Stage.	Non-clinic Attenders during pre-natal Stage.
Under 1 year	—	—	—	—	—	—	—
1-2 years ..	—	—	—	—	—	—	—
2-5 years ..	10	3	7	10	—	1	9
Birth to 5 years	10	3	7	10	—	1	9

MILK CONSUMPTION IN THIS DISTRICT.

A DEPLORABLE NARRATIVE.

At this point I might, I think quite appropriately, insert a paragraph relative to the per head consumption of milk in this area. As regards young children, the relevancy of milk to nutritional deficiencies does not, I am sure, need to be stressed.

Investigations show that, during 1937, the daily sale of wet milk in this area amounted to approximately 950 gallons, equivalent—incredible, but true—to one-third of a pint per head per day of the population! One does not really know whether to laugh or cry at such a revelation—laugh at the ridiculous absurdity of it all, or cry at the thought of its tragic consequences. What it all means is that many people in this district drink no milk at all, whilst many children receive mighty little. And yet, and yet, we prate and preach from the housetops that healthy development of children is a physical impossibility without an adequate and regular, indeed generous, supply of milk in their dietary! It really makes one wonder whether an awful lot of good and valuable breath is not wasted by preaching at all and that it might pay some of us to save a bit of it to cool our porridge.

I know that a good deal of tinned milk is consumed but, when one says that something is perhaps better than nothing, I think all has been said that need be said on that score. I am, likewise, fully aware that the answer to the charge just made is that milk is dear and that the average housewife cannot, in those days of shallow purses, afford to provide it. This is an excuse which I regard with a good deal of sympathy, but I wonder none-the-less whether, apart altogether from the fact that milk is apt to be regarded not, in any sense, as a real food—that of course, pre-supposes something you can get your teeth into with a satisfying crunch—but merely as a food additive, as the salad dressing but never the salad, as it were, apart I say from this ingrained tendency to look upon milk as a mere incidental, as something devoid of claim to be regarded as “food,” rather than as an individual and sustaining article of diet—I have, for example, many a time been told by patients that they have not had a bite of food for days when, all the time, they have been engulfing milk by the pint—that shows the attitude of mind—apart altogether, I say, from all this, I sometimes wonder whether the family income, small and restricted though it may chance to be, is always spent to the best advantage, that is, whether the best food value is always obtained, and whether some commonly purchased foodstuff, more popular and more palate-tickling, but infinitely inferior in sustenance and vitamin properties, might not with advantage, and to the lasting benefit of the family and, in particular, the children, be substituted by increase in the amount of milk provided.

With that airy disregard of economics which seems to be the distinguishing badge of the whole tribe of altruistic, if indiscreet and hyper-ardent, public health enthusiasts, I cannot see why milk, which, by universal acclamation is accepted as a food **essential**, should be the price it is, why it should be, as it were, deliberately placed out of reach of the very people who need it most, or why it shouldn't be so cheapened—say, by one half—as to make it readily obtainable by the ordinary, average industrial home. I don't say it can—I only say I don't see why it shouldn't. It is utterly wrong and indefensible and, at the same time, a contradiction of the elementary laws of common sense, that an article of food, universally admitted to be an essential, indeed an indispensable, should only be procurable at luxury prices. Just look upon those two pictures : On the one hand—milk, the most potent factor on this earth as regards the growth and development of young children ; and on the other—one-third of a pint per head per day !

A Word on School Milk Supply.—Is it beyond the wit of man to formulate some scheme whereby a regular supply of school milk, with its literally life-giving qualities, may be assured to children during holidays or, if that be impracticable, during periods of illness ? It seems to me, as a mere impersonal observer that, if milk be essential or, at least, desirable, during school periods, it is no less essential during the two months or so claimed every year by holidays. Whatever argument, however, can reasonably be advanced against supply of milk during holiday periods, cannot, for one moment, be urged in the case of absence from illness. During both the acute and the convalescent and recuperative periods of illness, milk stands alone as an essential food factor and yet, at such critical times, the supply, if not arbitrarily cut off, is, for all practical purposes, placed out of reach. I ought, perhaps, to qualify this by saying that there are, I understand, ways and means whereby this milk may be obtained during absence from illness, but the broad practical fact remains that few—personally, I don't know of any—children do receive a regular supply of school milk during acute illness—that is at the time when they need it most. I am not blaming the present system, which is a most excellent one, I am not blaming the School Authorities, who are, in this matter, doing very fine work—I am merely stating a regrettable fact.

When the day comes, as it will do, when milk is retailed in cartons and not in glass bottles it will, from the point of view of transporting the commodity, greatly simplify this problem of extra-school milk supply. The ideas above expressed may not be either particularly novel or original, but, even so, does that fact make it any the less worth while thinking about ?

Following upon the recently concluded discussion on Child and Maternal Welfare, I should like now to introduce an article dealing, in an analytical manner, though briefly, with some selected phases of health hygiene, which I trust may be found not altogether uninteresting and even, possibly, instructive.

Health Hygiene

THE ALPHA AND OMEGA OF THE WHOLE THING.

WHAT IT PROMISES—AND WHAT IT FULFILLS.

It is a truism, which permits of no exceptions, that Hygiene stands forth as a cosmic and fundamental factor in the establishment and maintenance of health—God's first and noblest gift to man. Its aim is threefold :—(a) By environment, to lessen the risks and hazards menacing the life and well-being of the individual ; (b) By better and healthier housing, to afford to every individual the opportunity to put into practice the laws and tenets of healthy living, so that healthy growth and development may be the outcome, and, (c) by education in personal hygiene, by the inculcation of healthy habits and observances, to healthify the body—that is, to ensure its soundness and wholeness and thus to augment and conserve the efficiency and effectiveness of the individual.

The Penalty of Sin is—Disease.—What Hygiene teaches us is that disease is unnecessary and is, in no sense, something which must be meekly and resignedly accepted as our ordained and, therefore, inescapable, lot as human beings. Disease, in many cases, is the penalty of sin, the Nemesis of our own misdeeds, which overtakes us because of, maybe, moral turpitude and transgressions, but oftentimes is the issue of sins of omission, of our own folly and ignorance and stupidity, as exemplified in neglect to appreciate the radical fact that disease, as certain as that to-morrow succeeds to-day, follows remorselessly in the wake of hygiene neglect, that is, disregard of its laws and principles which, being translated into concrete instances, means living in unhygienic surroundings, unhygienic houses, unhygienic and unhealthy practices, indulgence in unhygienic habits and neglect of hygienic ones, domestic, no less than personal, as embodied in the cardinal and sanatory virtues, cleanliness, sunlight, fresh air, and so on. Disease and hygiene are antipathetic—where Hygiene is not, disease is. Whether as individuals or as a community we be unhealthy or healthy, whether we be placid victims of disease or whether we be defiant of it, is not the issue of blind chance, something decreed for us and over which we, ourselves, have no control, but is something largely in our own hands.

An Offer—With a Guarantee.—Whilst Hygienism is not a panacea for all the ills to which the human flesh is heir, whilst it makes no pretence of being a sort of “ get-healthy-quick ” quack remedy, it does, nevertheless, and beyond all manner of doubt, help us to keep disease and ill-health at bay, and to put a strangle-hold upon its activities, as reflected in graphic records of morbidities

and in dejecting and sinister tables of mortality. There is nothing of the meretricious, the showy and gaudy, about Hygiene in its comprehensive and all embracing sense. As a vital and determinant factor in relationship to health, it stands forth towering above everything else like a veritable lighthouse, whose beams light up the dark places where dangers lurk and point the track which must be followed if safe anchorage is, in the end, to be achieved.

Now for a brief reference to a few of the less familiar phases of hygienic observance. On this occasion, I will give a well-earned rest to such commonalities as cleanliness, fresh air, sunlight and the like, now-a-days worn almost threadbare from familiarity and constant repetition.

REST AND LEISURE.

A Plea for Sanity.—Not, by the way, idleness, but rest from, as it were, honest toil. Life, to-day, is no longer a steady march; it is a stampede, and even our pleasures are tainted by the hurry-scurry virus, life one long breathless and despairing struggle to reach—well, Heaven knows what. We have St. Vitus Dance and simply can't keep still. Why so hurry and rush? We seem determined to be starved before we are hungry. Work, industry, are, even in a strict health sense, good and desirable things, but, if unleavened by a judicious blending of rest and leisure, they can be rank, out-and-out bad things, with, as the inevitable penalty, over-fatigue. Let it never be forgotten—here is the moral at last—that fatigue, whether of mind or of body, beyond a sane limit, among other things depreciates the quality of work performed, inhibits mental productiveness and originality, causes irritability, takes the edge off intellectual processes and, finally, lowers resistance power to attack by illness and disease. An overdose of, or over-concentration upon, our daily work, however worthy or even indispensable it may be, is just like engorging food to excess—much of it, of necessity, remains unassimilated and, consequently, instead of adding to our efficiency, actually lessens it by the cloying effect of accumulated waste products.

Wash Day in the Home.

ITS JOYS—AND ITS HORRORS.

A PEEP BEHIND THE SCENES.

A selected and outstanding example of domestic hygiene folly and one to which I have, on a former occasion, made reference, without, so far as I can see, any cataclysmal upheaval of interest or excitement on the part of any living soul. However, I'll try again. Although I have, in my time, been a witness of countless occasions of this kind, my surprise and astonishment have never paled from mere repetition.

There, right before the eyes of the astounded onlooker, is ostentatiously displayed a panoramic view of what, to me, would be horrors personified. The entire ritual, from actual washing to the subsequent wringing, drying, mangling, ironing and whatever else women do to clothes on such occasions, is carried out within the confined precincts of the kitchen and adjacent scullery, and, remember, family life means the kitchen. Ugh ! What an ungodly mess ! Through a steam laden atmosphere rendered almost opaque, and with a penetrating and haunting tang of soap suds permeating the place from basement to attic, the good lady of the house, who, incidentally, has unanimously conferred upon her the honour and distinction of being worker-in-chief, perspiringly, but doggedly, and in an atmosphere which, in its dripping heat, is reminiscent of that of Sierra Leone during the monsoon season, washes and scrubs and toils, with a look on her face which suggests that if she is not, maybe, jovial, merry and bright, she is at least resigned. Tempers ruffled, the whole place and its inhabitants reflect an air of universal and almost comical gloom and dejection, the sort of look which martyrs, on the eve of being tied to the stake, might be expected to wear.

Common Sense : Why Not ?—Why, in the name of all that's holy, is it necessary once a week to turn the living rooms of a house into this presentable foretaste of Hades ? The thing is wrong, the thing is unhygienic, the thing is the height of absurdity. Why will not an Authority, which prides itself upon its progressive mindedness, provide, in the combined names of health and humanity, Municipal wash-houses, or, at least, try the experiment in one of the new Housing Sites ? If that be too much to ask for, why not provide for each house, or, say, block of houses, an outside wash-house, detached from, but in proximity to, the house itself, in which this solemn and occult rite could receive its traditional and ceremonious observance, without inflicting upon the thrice unfortunate and long-suffering household such an avalanche of misery and wretchedness as the present practice which, to my untutored mind, suggests something emerged but recently from the dark ages, undeniably entails ?

Good Deeds Bring Their Own Reward.—Such a step would, in its ultimate consequences, achieve several things : it would be better for health and better for hygiene ; would be better for the household comfort and happiness ; would be better for tempers ; better for family amity, by removing at least one fruitful source of strife and wrangling ; would be better both for the weary legs and comfort of mind of that long-suffering and uncomplaining beast of burden, the wife and mother. It would surely, by all the laws of common sense, be more sensible to keep a home as a dwelling-house rather than make it a dwelling-house one day and a wash-house

the next. That people have put up with this sort of domestic torture for so long, without rebellion and open protest, merely goes to show to what lengths custom, ingrained habit, coupled with a total lack of imagination, will carry you. We have no room for anachronisms in Public Health and this particular member of the tribe cannot, in my view, possibly receive its *coup de grâce* one minute too soon.

Some Views on Dress and Clothing.

A TRAGI-COMEDY.

THE VAGARIES OF MODERN MALE AND FEMALE ATTIRE.

First the Compliment.—This places me in a somewhat equivocal position. Here am I, a mere uninstructed male, presuming to pass judgment on women's dress! Fortunately, however, for my peace of mind, I intend to be complimentary—at least to a point—rather than critical. The dress of the modern woman is, on the whole, and a big whole too, healthy, cleanly, comfortable, hygienic, is aesthetic as well as attractive in its simplicity and selectiveness, with a pleasing absence of the “mass” element, so characteristic of male attire and, finally, it reflects both intelligence and common sense in its get-up—which again is a deal more than can be said for that of the “superior” sex.

Then the Reproof : Where Even Women Err.—Now for the douche :—despite that hardness which comes of the many excellences of their dress, women, at least many women and young girls, do not, in my opinion, clad themselves warmly enough in cold weather. It is not, let me point out, a healthy thing that the surface of the body should be unduly chilled, and a happy medium between over-hot and over-cold should be sought. Likewise—I say it with bated breath—I do not approve of the ridiculous shoes and, if possible, even more ridiculous stockings, which so many women affect in even the coldest, the wettest, the muddiest and most inclement of weather. Health calls for good and active circulation at all times through legs and feet, and chilly legs and cold, damp feet—and, with some of the stockings which I am favoured to see on my travels, chilly legs it is and must be—are the very antitheses of that primary health acquirement. I am very sure that some of the *papier maché* shoes I often see splashing about in the wet and mud are directly responsible for many a cold and many a barking cough, and I am likewise sure that their almost total lack of water-proof and weatherproof qualities are in no way compensated for by their dainty and natty appearance. In the name of health, not to say common sense, why not have sturdy, thick-soled, weather-proof and, let me add, eminently presentable, brogues for bad weather wear?

Let women exercise that intelligence which is their's in such superabundance and round off their many dressing excellences by reform of such minor details ; let them, at all times, garb themselves—admittedly according to the dictates of mode and fashion, but let them, at the same time, never ignore the laws of health—or the seasons.

Absurdity Vies with Absurdity.—Now, what about the male fraternity ? It is impossible to take modern male dress seriously—the only thing to do is to accept it as the joke it is and laugh at ourselves. Judging by the standard of dress alone, there can be no argument as to which is the decadent sex. Women, with their keen grasp and quick wit have discarded the superfluous, and have got down to essentials—if, maybe, in their zeal for reform, they have stopped even there—whilst men, in such respects the more effeminate of the two, seem to have piled on the agony—figuratively, as well as literally—until their everyday dress, over-bulky and over-weight as it inevitably is, is neither sensible, healthy, cleanly, aesthetic, comfortable, nor hygienic—it is not even sanitary.

A Comedy of Errors—and Ridicule !.—Just think of the gallery of comicalities submitted for inspection :—dust and dirt, not to say germ, collecting trousers ; woollen or flannel shirts, not to speak of the full regalia of woollen undergarments of diverse thicknesses—which, by the way, even the most delicately nurtured of females would scorn—and the precise function of much of which, though probably known to the *Cognoscenti*, is to me, personally, an unsolved mystery ; tweed suits, complete with waistcoat—surely the most crazy, the most cumbersome and the most unhygienic garment ever invented for man's discomforture and as a penance for his sins—and which, in hot weather, reduce us to a state of pulp by keeping our skins in a sort of chronic lather and which, at the same time, offer an uncompromising “ No ” to the plaintive request of those same unfortunate skins for a breath of fresh air and ventilation once in a while ; collars, not infrequently starched, which, on a hot day, make breathing and circulation alike difficult, and comfort, of either body or mind, impossible ; suspenders which give us curvature of the spine, and I am credibly informed that there are actually decadents who wear body belts—to keep their kidneys warm, I presume.

Absurdity Reaches Crescendo.—As a final gesture, and fittingly to complete the tragi-comedy, we solemnly place upon our heads what we call “ hats,” which reach the acme of absurdity in the cloth cap and the bowler hat, to the latter of which, in particular, we cling with a devotion which verges on the pathetic, and which, at one and the same time, commit sins of both omission and commission, in so far that they, first of all, fail absolutely to protect, from the sun's rays, the vital region, namely the neck, and, secondly,

that they deny to our scalps and hair the healthifying influence of sunlight and fresh air—that is ventilation. Had Nature intended that we should thus protect our heads artificially, she would, I feel certain, have saved herself the trouble of providing us with heads of hair, which, incidentally, do the job a thousand times better. The barehead craze of the moment is something more than a mere vogue—it is a very definite and highly beneficent health rite, though many of the devotees who practice it are, I should image, sublimely unconscious of that fact.

Well, What About It ?—All this may sound like a burlesque, a caricature, but, as all good caricatures should, it, nevertheless, has running through it a strong vein of truth, of reason and serious intent. The whole thing is too tragic to be even funny. Modern male dress stands condemned to all eternity:—it contravenes every known law of health and of hygiene and, at the same time, is contradictory of every law of common sense and ordinary intelligence. When one has said that it, admittedly successfully, fulfils the dual purpose of protecting our skins from the elements and of covering our nakedness, you have, I think, pretty well exhausted its catalogue of virtues. Women's dress can, with a bit of give and take here and there—figuratively, I mean, of course—be perfected but, as the primary step towards rational dress reform, the only thing to do with her male counterpart is, first of all, to strip him to the skin, and then begin all over again !

A Critique of the Teaching of “Hygienism” in Schools.

AN ONLOOKER'S VIEWS.

What a unique opportunity for spreading the Gospel of Hygiene is, I sometimes think, lost by neglect, in our schools, of teaching its principles in a real and serious manner. I do not say that Hygiene is not taught, but, in my view, it is not taught with that earnestness and that intentness which its importance warrants and demands. Here you find, ready to hand, ideal soil for the sower and from which we may justifiably hope to reap the richest of harvests. The mind of a child is not only receptive, it is plastic and impressionable, readily, and without protest or critical consideration, accepting what is presented to it. What finer opportunity could the proselytizer desire or expect ? The chance is a great, indeed, as I have just said, a unique one, and yet one cannot but wonder whether full advantage is always taken of it in our schools—that is, whether as much is made of it as might be.

“ Health ” Brooks No Rival ; A Healthy Mind Connotes a Healthy Body.—If my contention be correct, it can only mean either that hygiene is not, of itself, regarded as of as much importance as we zealots claim it to be or that, on the contrary, important though it may admittedly be, there are other subjects in the school curriculum of even greater importance. As a detached, though not altogether impartial, observer, I utterly fail to understand how anything on this earth can be of greater value to a child’s well-being, present as well as future, and, consequently, by its repercussions, to the well-being of the future man and woman, than a knowledgeable understanding of the rules and laws which would go so far towards enabling a child to make its life healthy, wholesome, and sound. Surely, health stands pre-eminent, without compeer or rival ! With due diffidence, I suggest that some subjects, time for study of which is readily ceded by our school syllabus, and which I, again, suggest are “ desirables ” rather than “ essentials,” might move over a bit and leave a little more room for Hygiene to creep in. After all, it is not the flounces and the furbelows which bedeck the garment, but the quality of the material of which it is composed, which, in the end, determines its serviceability and its worth.

Teaching of the principles of Hygiene and their application ought to be a really serious subject in school education and not a sort of haphazard incidental. From teaching and instruction come understanding, and from this it is but the shortest of throws to habit, and habit, once acquired, becomes embedded—and in the end, sooner or later, becomes an integral part of our very being, influencing, rightly or wrongly, and to a literally illimitable degree, our whole future lives and conduct. This is something more than a mere matter of ethics—it is something applicable to health as well as to morals.

An Opportunity in a Thousand.—A small child is a simple being, is a natural believer, is not naturally suspicious and distrusting, or possessed of prejudices ; he is not yet a sceptic and doubter, as, doubtless, later on he will become, when his sensibilities have had time to become sharpened on the whetstone of experience, the hard facts and practical problems of life. So, now is our chance : he will, at this psychological moment, believe and absorb what you tell him, so let us seize with both hands the opportunity to wade in and impart to him knowledge which will influence, for good, his present, no less than his future, material and physical well-being to a degree which, in my humble opinion, far surpasses that of any other member of the whole miscellany of “ isms ” and “ ologies ” which the ingenuity of the pedagogic mind has seen fit to bring into being for his mystification and confounding.

Some Casual Reflections on the Art of Spreading Health Gospel.

It is a moot point whether the effort to instruct, to impart knowledge to others regarding say, for the sake of argument, hygienic observance, does not, in many cases, defeat its own ends, from the fact that the counsel so offered is so prone to be given in the form of an imperious command, rather than as an appeal based on explained reasons. It is human nature to be contrary, to resist compulsion and to defy authority, even if, as we ourselves know it to be, it be for their own good ; with a gesture of defiance the flag of liberty of the individual is promptly unfurled and waved challengingly in the face of the self-appointed, if well-meaning, herald of good tidings.

SOME ILLUSTRIOUS EXAMPLES OF HUMAN MULISHNESS AND CONTRARINESS.

Tell people, for example, that they must burn vegetable refuse, and they, with a smirk which is meant to convey the impression that they are not so simple as they look, promptly deposit it in the ashbin ; tell people that, for sanitary reasons, they should keep the lids of their ashbins on, and they straightway, from pure thrawnness and contrariness seemingly, take them off ; tell a child not to touch things or it may hurt itself and it, without a moment's delay, and with that impish devilment which seems ingrained in the make-up of the average small child, proceeds to burn its fingers on the nearby teapot ; tell a mother that she must send her child to school and she will move Heaven and earth—or, what is the same thing, promptly obtain the ever-ready and never-failing " Medical Certificate "—to keep it at home, even though it may be a confounded nuisance to her all the time it is there ; tell people that they must not cross a busy thoroughfare except at an official crossing place and, with utter indifference to either age, sex, agility, avoirdupois, or anything else, they, with a look which seems to say " I'll show them," step forth gaily into the jaws of death—or, what amounts to pretty much the same thing, into a welter of traffic—as unconcerned as if they were stepping into bed, secure in the knowledge that Angels watch over, and guide the footsteps of, children—and fools ; tell some women that, for safety's sake, they ought to be supervised and looked after during pregnancy, and you will speedily discover that the only way to get them into the Ante-Natal Clinic will be first of all to chloroform them and then carry them in on a stretcher. The whole thing is simply a sort of unconscious rebellion against what they term " compulsion," and self-respect is maintained only by an attitude of defiance.

Tact—The Essential : Understanding—The Objective.—The truth is that people simply will not be spoon-fed with other people's ready-made notions and ideas, however sound or solid ; they refuse to shut their eyes, open their mouths and unprotestingly swallow whatever we, in our wisdom, choose to give them. People, as regards health doctrines, are prepared to be reasoned with, but simply will not be hectored and sergeant-majored, and are not prepared to rhapsodise over something they don't even understand. People resent having their "convictions" thrust upon them on the principle of a huckster offering wares in the market place. The clear moral here is : "Preach less and reason more ; rant less and explain more ; order less and appeal and exhort more." At all costs try to avoid the grave mistake, which is so apt to be made where specialised knowledge is to be imparted, of assuming in advance that the intellectual level of our audience is little above that of a half-wit.

Let our propagandism take the form of **explaining** the why and the wherefore of hygiene and its observances, and of showing people the **reasons** why we ask for this, that, or the other thing. Let us endeavour, by reasoned argument, to dispel the mists of doubt and uncertainty which must, to the untrained mind, ever enshroud such a difficult, such an involved and complex subject ; let us, in a word, try, first of all to make people **understand**. From understanding comes belief, from belief comes conviction, and out of this will, in the end, issue—action. Here we discover the kernel of the whole thing :—for complete success in the effort to enthrone health hygiene, people must be willing, confirmed, and whole-hearted believers and not merely passive, resigned, and semi-coerced acceptors.

Girl Welfare.

AN EPIC STORY IN SIMPLE GARB.

GETTING RIGHT DOWN TO THE ESSENTIALS AND THE FUNDAMENTALS.

Here is a story whose heroine is the ordinary everyday young girl. It is a simple story, with a simple theme, and yet is one teeming with interest and, at the same time, one not wholly devoid of thrill.

If it be right and proper to consider the health and fitness of the child in light of the health and fitness of the mother, surely it is just as right, and just as logical, to consider the mother in light of the young girl. The proper time to consider the ultimate stability of the ship, which is one day to sail upon the sea, is not when that ship is about to set off on its first voyage, is not even

when it stands in the stocks in the yard, but is when it is still a drawing on its designer's desk. What I am trying to drive at is that Child Welfare can never be fully and truly successful unless, or until, the young girl, who is, at some future date, to be the mother, is, in all seriousness, brought within your sphere of activities. Girl Welfare must align itself alongside Child and Maternal Welfare in order to make a Trilogy and, in the end, one complete and unified whole.

Just look around. Use the eyesight which God has given you. Just look at some of the girls who are, in a few brief years, destined to be the mothers of their generation. Just look at them. Doesn't the sight make you wince? As soon as they leave school, they dash with breathless, almost indecent, haste, into the nearest mill or factory. They work, especially the younger ones, abominably long hours; hygiene, in not a few cases, a word rather than a reality; they are under-fed, or at all events, wrongly fed—semi-starvation by day and a gorge at night; devoid of exercise unless you call a sprint to the nearest bus, night and morning, exercise; weary and dog-tired when they arrive home at night and, despite the fact that they, like all young growing creatures, need Nature's sleep for hours and hours, are again awakened at cock-crow, still weary and tired, to resume the soul-crushing round. Is it any wonder that so many of those girls are anaemic, spiritless, devoid of energy and snap, without one ounce of those animal spirits which it is the prerogative of every young creature to possess? You may cobble and patch, you may tinker to your heart's content, but you can never hope to perform the miracle of turning water into wine, you can never hope to make such girls into women fit to be the mothers of healthy and virile children.

Let us, without delay, launch a Crusade of Girl Welfare, let us forthwith endeavour to raise the level of the line which stretches straight from those girls to the babies to be, and, in turn, from them to the men and women they, in time, become. Let no young girls—children would be a more apt term—work beyond rigidly defined hours—no health-destroying overtime: let every factory or workshop employing young girls be compelled to provide a canteen for the supply of hot meals at a purchasable price; let every workshop and factory employing young girls, no matter how few, be compelled to ensure a sufficiency of light and air—no basement working, or working the day through in artificial light. Let every Health Authority make adequate provision for healthifying pastimes:—tennis, golf—one of the finest exercises in the world for a young girl—swimming, which, in light of modern understanding of health practices, is no longer to be regarded as an indulgence but as an essential. To many of those young girls exercise but too often means an overcrowded, overheated, and utterly unhygienic

dance hall, cavorting around to the wailings and bleatings of some misbegotten jazz band and who, in further, and frenzied, search of a little spicy distraction, seek the sanctuary of the no less unhygienic, as well as emotional and saccharine, atmosphere of a Picture Palace.

Let those tired young creatures go to bed at a decent hour and seek refreshing slumber and not indulge, overmuch, their gregarious instincts for herd companionship by galloping around until all hours until every muscle in their bodies cries out in weary protest. Let us have walking clubs established, whereby not only their physical but their intellectual equipment may be bettered and enhanced ; let us, after half a century of stagnation, endeavour to learn once again how to use the legs which the Deity has given us ; let us have the disciplinary influence of Girl Guide movements, or Scouts, or whatever you call them ; let us, above and beyond all this, have adequate provision made for physical culture—schools for physical culture should be established—for the embellishment, the development, and the physical perfection of the female form.

Mankind has, and always has had, a profound regard, verging upon veneration, for the glories of physical fitness and physical strength, probably a throw-back to prehistoric days when the creed of survival of the fittest made such attributes of obvious and far-reaching consequence to the safety and security of the individual.

Let us strive, might and main, to develop the chest girth of our young girls, and to make their arm and leg muscles a joy and delight to behold instead of the drumsticks which so often, now-a-days, pass muster for upper and nether limbs ; let us endow them with physique, with stamina and backbone, and leave the complexion to look after itself. The healthy, happy, buoyant, and chubby girl has no need to disguise the pallor of her anaemic and bloodless cheeks and mucous surfaces under layers of loathsome paint and powder. Her complexion is of Nature's making and not that of the cosmetic manufacturer which, incidentally, deceives nobody.

Such are my views. I wonder what you think. I, for one, am convinced that if we can bring young girls up to the scratch point of matrimony healthy, fit and vigorous, full of pep and zip, able and ready in the fullest to fulfil their womanly function, instead of arriving, as so many of them do, at this most critical of all cross-roads in their lives, weary, worn and bedraggled, barren of well-nigh every shred of verve or animation, then your work as guardians and curators of the health and lives of young children will, at long last, have an opportunity to attain that success which your enthusiasm, and your whole-hearted and devoted efforts in this work, so well deserve.

As a fitting peroration let me remind you that the young girl represents the raw material of the human stock, and it calls for no great display of imagination or intelligence to understand that, if the supply of raw material be arrested, or if, on the contrary, it be tainted at its source, disaster, speedy and sure, must be the inevitable and, in the long run, devastating consequence.

HEALTH ADMINISTRATION.

During the course of the Chapter on Maternity and Child Welfare, I submitted a compendious list of administrative provisions with relationship to that particular phase of Health administration and may now, at this stage, appropriately round off the full list of our provisions by adding the following items, making, I think it will be admitted, an impressive and comprehensive whole.

Hospital Provision.—(a) Hospital for Infectious Diseases,
(b) For Smallpox.

Tuberculosis.—Sanatoria, and Tuberculosis Dispensary, under the Authority of the West Riding County Council.

Maternity and Child Welfare.

- (a) Five Child Welfare Clinics ; one, the Central Clinic at Rothwell and one each at Stourton, Lofthouse, Methley and Oulton.
- (b) Ante-Natal Clinic held weekly at the Central Clinic, and monthly at the Methley Clinic.
- (c) Post-Natal Clinic held weekly at the Central Clinic.
- (d) Staff of three Health Visitors, one being the Supervisory Head.
- (e) Panel of Home Helps.

Details of all other Maternity and Child Welfare provisions are related under the heading "Rescue Services" earlier in this Report.

Immunisation (Diphtheria).—Sessions held at the Central Clinic and at all branch Clinics. For record of work done, during 1937, I refer you to a discussion of Diphtheria further on in this Report.

Municipal Midwife.—Referred to in discussion on Maternity and Child Welfare. There are five Midwives practising in this area, under the jurisdiction of the West Riding County Council.

Nursing Provision.—Voluntary Nursing Association, with staff of three nurses who, by arrangement, nurse in the home, on request, cases of Infectious Disease of a type not eligible for treatment in the Rothwell Isolation Hospital.

Venereal Disease.—Clinic held under the auspices of the West Riding County Council.

Ambulance Provision.—(a) For Infectious Disease, (b) Non-Infectious Disease and accidents ; approved scale of charges for latter in operation.

Mortuaries.—Three : One in Rothwell, one in Stourton and one in Methley.

Public Health Staff.—See page 2 of this Report.

Housing.

A SUPREME HEALTH AND SOCIOLOGICAL QUESTION.

As a brief introduction to this subject, one which peculiarly lends itself to statistical treatment, let me say that, to form a true conception of the standard and worth of a district and a community and, consequentially, of the worth and repute of its directors and controllers, we must ask, not how do the best live, but how do the worst live. Judge not according to its existent best, however great and commendable, but by its existent worst, by what still remains undone and unfulfilled. Thus, and thus only, shall judgment be and the verdict awarded. The basic truth stands forth unchallenged that the supreme factor involved in most problems of disease, and certainly preventable disease, is the quality standard of the individual home and the nature of the practices indulged in by those compelled by circumstance to dwell therein.

We erect elaborate clinics in which the Gospel of Hygiene is taught day in and day out without ceasing : we depute missionaries, in the form of skilled Health Visitors, to visit the homes in the effort to inculcate the Hygienic doctrine, but what does all this avail if, at the same time, the homes of those people are of such a low and degraded standard that practical observance of the lessons thus taught is a flagrant impossibility ? We take Tuberculosis victims from their unhealthy, unwholesome, and degenerate homes and surroundings and replant them in Sanatoria, amid healthy, wholesome, and hygienic environment, but, once again, what does all this avail, what possible effect can it all have in the way of checking and, in the end, eradicating, Tuberculosis, if the breeding grounds, the old low-standard and disease-inducing houses are permitted, unchecked, to carry on their fell work as producers and feeders ? Does not the whole thing veer very close to the farcical ?

The Futility of Tinkering.—Solve the problem of Housing and you have gone indeed far towards solving the problem of disease—and, so far as the former is concerned, “ solving ” means but one thing

and one thing only and that is the root and branch extermination of **every** house which falls below a reasonably habitable—that means health—standard and the simultaneous substitution of it by a good one. There is no room here for compromise and still less for expediency. The axe, and axe alone, is the final and effective remedy for this particular disease—self-preservation demands no less. If all this perhaps sounds a bit ruthless, remember that bad housing and disease are interchangeable terms, fellow partners in wickedness, and that disease is no less ruthless. As a last word, let me say that Housing stands, and must stand, four-square, stands supreme and unchallenged, in any scheme of health preservation and endowment.

Now for a few concrete facts relative to the present housing situation in this area.

A BIG JOB CONFRONTING US.

As regards this supremely important matter of providing healthy and hygienic housing for the people of this area, a problem of some considerable magnitude confronts the officials of the Health Department from the fact that, from April 1st, 1937, two outside areas, hitherto self-governed, were amalgamated with the Rothwell Authority. In the two areas, just referred to, little, if anything, had been done relative to Slum Clearance and re-housing schemes, thus, as I have just said, presenting us now with a pretty problem.

It was evident, from a very casual preliminary inspection, that the majority of the houses in those areas would require careful examination in order to enable a decision to be made as to where to draw the line between those of a standard warranting demolition and those which were repairable. All available time during the latter half of 1937 was, therefore, devoted to a detailed survey of selected districts within those areas.

In this investigation it was not difficult to find a starting point, the real task being to decide where to stop. By November, 1937, 377 houses in Oulton, Woodlesford and Mickletown—in the new areas—had been found to merit the title of “slums” and this figure, extensive though it be, will, I am sure, do little more than touch the fringe of the problem.

In the old Rothwell district, six Clearance areas were represented during 1937, embracing a total of 38 dwellings, housing 111 persons. These, but for delays experienced in the provision of new houses, would have been dealt with in the current year, but, owing to that difficulty, the Inquiry by the Ministry of Health was not held until May, 1938.

TABLE No. 18.**PROGRESS MADE IN SLUM CLEARANCE WORKS****HOUSING ACTS, 1930-36**

INDIVIDUAL UNFIT HOUSES.						CLEARANCE AREA.		
No. of Demolition Orders made.	No. of houses demolished.	No. of persons displaced.	No. of undertakings accepted.			No. of Areas.	Houses involved	Persons affected.
			To Repair.	Not to use for human habitations.	Persons displaced.			
69	36	124	1	14	54	6	28	111

HOUSING INSPECTION AND PROVISION OF NEW HOUSES.

I now beg to present, in Table form, and in a manner which, I trust, is readily understandable, a comprehensive record of our Housing activities during the year. Those Tables are self-explanatory, depicting, as they do, every conceivable aspect of the Housing question as relating to this district and need, I feel sure, no further elaboration.

TABLE No. 19.**SHOWING NO. OF NEW HOUSES ERECTED SINCE 1920.**

Erected by	No. of new houses erected during 1937.			No. of houses erected since 1920.		
	State Aided	Without State Aid.	Total 1937.	State Aided.	Without State Aid.	Total 1920-1937
Local Authority ..	21	0	21	549	30	579
Private Enterprise ..	0	145	145	124	605	729
	21	145	166	673	635	1,308

TABLE No. 19a.
HOUSING ACTIVITIES DURING 1937.

No. of Houses Inspected.			No. of Visits made.		
Under Housing Act.	Under Public Health Act (Minor defects)	Total	Under Housing Act.	Under Public Health Act.	Total
987	579	1,566	1,119	1,436	2,555

Informal Notices.		Statutory Notices.		Houses Represented as Clearance Areas.	Houses Demolished.
No. issued.	No. completed.	No. issued.	No. completed.		
207	229	23	22	28	23

**RECORD OF OTHER ADMINISTRATIVE ACTIVITIES COMING
 WITHIN THE SCOPE OF THE HEALTH DEPARTMENT.**

Sanitary Conveniences.—The number of privies still existent in this area, which had well-nigh reached the irreducible minimum, has now been increased to 782 as the result of the recent extension by amalgamation. Although many of these serve remote hamlets and isolated houses in the rural portions of the added districts, there are a number in the villages of Methley and Mickletown which will, as soon as possible,—that is, following the scheduling of houses to be demolished—be listed for conversion.

During the year, sundry conversions were effected in the area, 26 privies, 13 ashpits and 4 waste water closets being replaced by 30 water closets and 29 dust bins. Full details, relative to the number, and type, of conveniences throughout the area, is given in the Sanitary Inspector's Report, an appendix to this one.

Town Planning.—No further development in the Rothwell section has taken place; Oulton and Woodlesford areas are in the same position as Rothwell, the Hunslet Rural Council having previously been a member of the same Town Planning Committee. Preliminary details regarding the Town Planning of Methley are in hand.

Paving of Private Streets and Common Yards.—No paving of private streets or common yards was carried out during 1937.

Smoke Abatement.—Routine observations continue to be made, but no serious contraventions were discovered. The Council continues to be represented on the West Riding Regional Smoke Abatement Committee by the Sanitary Inspector.

Bye-Laws and Adoptive Acts.—No further addition has been made during the year to the already extensive and imposing list operating in the district.

Public Conveniences.—There are two modern and well constructed Public Conveniences, one in Rothwell and one in Carlton. Methley has a convenience of a poor type, whilst, in Oulton, the Public are allowed the use of a convenience belonging to an Hotel and, in return, the cleansing of the convenience is done by the Council's staff.

Mortuaries.—Three. See list of Services listed earlier on in the Chapter headed "Health Administration."

Public Ambulances.—See list of provisions listed in Chapter headed "Health Administration."

WATER SUPPLY.

The water supply for the district has been obtained in the following amounts from the under-mentioned Local Authorities during the year.

Leeds Corporation	..	..	153,276,000	gallons.
Ardsley U.D.C.	..	..	20,577,000	„
Stanley U.D.C...	..	..	25,000	„
Wakefield Corporation	..	..	21,131,000	„
				<hr/>
				195,007,000
				<hr/>

Of this quantity, 107,397,000 gallons were used for trade purposes and the balance of 87,610,000 gallons was allocated to domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 9·85 gallons and, for trade purposes, 12·06 gallons.

SEWAGE DISPOSAL WORKS.

The Surveyor informs me that the main Sewage Works at Lemonroyd, and the subsidiary works at Thorpe and Stourton have functioned in a perfectly satisfactory manner and that no defects have been experienced throughout the year at these works.

The sewage disposal for the Oulton and Woodlesford district is to the Lemonroyd Works, whilst Methley has four small works situated at Mickletown, Pinder Green, Low Common and Green Lane respectively. The three latter works are not so modern as those in Rothwell, but they have functioned with the maximum efficiency possible having regard to the conditions. Mickletown Works are taxed, as regards capacity, on account of the new buildings and extensions which have taken place since the works were originally constructed.

NOTIFICATION OF INFECTIOUS DISEASES.

The following table is self-explanatory :—

TABLE No. 20.
DETAILS OF INFECTIOUS DISEASES IN EACH WARD AND
YEAR, 1933-1937.

Ward.	Small-pox.	Scarlet Fever.	Diphtheria.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuber- cular Diseases.	Puerperal Fever and Puerperal Pyrexia.	Typhoid Fever.	Encephalitis Lethargica.	Poliomyelitis.	Pneumonia.	Ophthalmia Neonatorum.	Cerebro-Spinal Fever.	Total 1937.	Total 1936.	Total 1935.	Total 1934.		
North	0	19	3	4	1	4	0	0	0	0	6	1	0	38	79	30	57		
South	0	9	1	1	0	1	1	0	0	0	9	0	0	23	39	16	41		
Stourton	0	19	1	2	0	0	0	0	0	0	4	0	0	26	21	34	47		
Lofthouse-with- Thorpe	0	32	0	3	2	0	1	0	0	0	8	1	0	47	59	28	36		
Carlton	0	16	1	2	2	1	0	0	0	0	10	1	0	33	43	29	37		
Oulton	0	15	2	1	2	1	0	0	0	0	3	0	0	24	Not	avail	able		
Woodlesford ..	0	7	0	2	0	1	0	0	0	0	3	0	0	13	„	„	„		
Methley	0	16	4	0	6	3	4	0	0	0	2	1	0	36	„	„	„		
Leeds Institution & Children's Homes	0	0	10	3	0	0	0	0	0	0	0	0	0	13	16	20	8		
Isolation Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total 1937	0	133	22	18	13	11	6	0	0	0	45	4	0	252	256	157	226		
Total 1936	0	181	16	14	9	1	2	1	0	1	30	1	0						
Total 1935	0	72	31	12	11	6	1	0	0	0	22	1	1						
Total 1934	0	100	59	13	13	7	3	0	0	0	28	3	0						
Total 1933	0	53	18	10	19	8	6	0	0	1	54	1	0				2		

*Rothwell Urban District before absorption of new areas.

The subjacent Table shows the above notified cases classified in Age Groups :—

TABLE No. 21.
CASES OF INFECTIOUS DISEASE (EXCLUDING TUBERCULOSIS)
DURING 1937, IN AGE GROUPS.

0-1 year.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	15-20 years.	20-35 years.	35-45 years.	45-65 years.	Over 65 years.	Total
8	3	2	9	7	62	35	26	37	10	17	12	2

The following table relative to Hospital admissions during the year explains itself,

TABLE No. 22.

**PARTICULARS OF CASES OF INFECTIOUS DISEASE ADMITTED
TO HOSPITAL.**

WARD.	1937.								1936.								
	Smallpox.	Scarlet Fever	Typhoid Fever.	Diphtheria.	Puerperal Fever and Puerperal Pyrexia.	Ophthalmia Neonatorum.	Pneumonia.	Total.	Smallpox.	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Puerperal Fever.	Puerperal Pyrexia.	Polionmyelitis.	Pneumonia.	Total.
North	0	17	0	3	0	0	1	21	0	60	0	2	0	0	0	1	63
South	0	8	0	1	1	0	0	10	0	34	0	2	0	0	0	0	36
Stourton	0	16	0	1	0	0	0	17	0	10	0	1	0	0	0	0	11
Lofthouse-with-Thorpe	0	19	0	0	0	0	0	19	0	38	0	0	0	0	1	0	39
Carlton	0	8	0	1	0	0	0	9	0	26	1	2	0	1	0	1	31
Oulton	0	14	0	2	0	0	0	16	Not available								
Woodlesford	0	7	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0
Methley	0	15	0	4	1	1	0	21	0	0	0	0	0	0	0	0	0
Leeds Institution & Children's Homes	0	0	0	10	0	0	0	10	0	1	0	9	0	0	0	0	10
Isolation Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	104	0	22	2	1	1	130	0	169	1	16	0	1	1	2	190

NOTE.—Of the above cases notified during 1937, ten cases of Diphtheria, all occurring in the Public Assistance Institution (Leeds City), were removed by the latter Authority to their Isolation Hospital at Seacroft, Leeds. One case of Puerperal Pyrexia and the case of Ophthalmia Neonatorum were removed to Leeds Maternity Hospital and, in addition to the above cases, one case of Erysipelas was removed to the White Rose Hospital, Wakefield

REVIEW OF INFECTIOUS DISEASE RECORDS DURING 1937.

The following is a brief review of our Infectious Disease experiences during 1937 :—

Infantile Diarrhoea.—Statistics are recorded up to two years of age only and, during 1937, no death occurred. No more than four such deaths have been recorded during the past seven years—testimony to an improved sanitary and housing standard and to the teaching of dietetics in our Clinics.

Measles.—Mildly epidemic—no death.

Whooping Cough.—Likewise mildly epidemic—no death.

Ophthalmia Neonatorum.—Four cases notified—all made complete recovery. Cases occurring are placed in the hands of the Health Visiting Staff for visitation and treatment, under medical

supervision. Where hospital treatment is considered necessary this is readily available in the Isolation Hospital and, in cases in which the attendant practitioner deems such a step necessary, the services of an Ophthalmic specialist are available for consultation at the patient's home—this service being free of cost.

Encephalitis Lethargica.—No case notified—last notification was thirteen years ago.

Cerebro-Spinal Fever.—No case recorded.

Acute Anterior Poliomyelitis.—No case notified—Two cases recorded during the past five years, though, in passing, let me say that it is far from being a justifiable assumption that no further cases have actually occurred.

Pneumonia.—Forty-five cases notified—fourteen deaths, some of the latter, as indicating laxity in notification, not being notified in the first place. Bed provision for selected cases of Pneumonia, thus ensuring ideal surroundings, as well as skilled nursing, both being vital factors in the recovery chances, is available in the Isolation Hospital and it is regrettable that greater opportunity is not taken of such a valuable provision.

Puerperal Fever : Puerperal Pyrexia.—Six cases notified, of which one was removed to the Isolation Hospital, and one to the Leeds Maternity Hospital. One death occurred.

Smallpox.—No cases recorded ; Rothwell is one of a group of Authorities constituting a joint area, served by a common Smallpox Hospital.

Erysipelas.—Eighteen cases notified—no deaths. Where such provision is considered necessary, accommodation is available in the Isolation Hospital.

Typhoid Fever : Paratyphoid Fever.—No cases recorded : only one such case has occurred in this area during the past fifteen years.

Scarlet Fever.—During 1937, when we were still experiencing the tail end of the extensive 1936 outbreak—the later months of 1937 showed a striking diminution in incidence—133 cases were notified, of which 104 were removed to Hospital, the remaining 29 being retained at home. One death was recorded. For detailed reference to our Scarlet Fever experiences during the year, I beg to refer you to the Report on the Isolation Hospital further on.

Diphtheria.—Twenty-two cases notified—no death recorded—of which ten occurred in the Public Assistance Institution (City of Leeds) leaving a net district total of no more than twelve cases, contrasted with 59 cases three years earlier, that is, in 1934. What transpired in the interval was that, in this district, we conducted an extensive, and intensive, campaign of Immunisation—and there, plain to see, is the result ! For detailed reference to Diphtheria, and to Immunisation, I, again, beg to refer you to the chapter on the Isolation

Hospital, later on in this Report. At this point, I wish to insert a Table recording our Immunisation activities during 1937.

TABLE No. 23.
IMMUNISATION RECORDS, 1937.

1-2 years.	2-3 years.	3-4 years.	4-5 years.	5-10 years.	10-15 years.	Over 15 years.	Total.
14	11	6	4	10	5	2	52

Note.—Treatment consisted of three fortnightly inoculations.

Of the 52 immunised cases, 1 had actually commenced treatment during 1936, and was carried forward for completion in 1937.

TUBERCULOSIS.

As a consideration of Tuberculosis is, to a large extent, a review of social conditions and of housing, both of which have already received, in this Report, ample attention, it is unnecessary at this stage to enlarge further upon them.

The following Tables give, with statistical detail, full information relating to the incidence and mortality of Tuberculosis during 1937.

TABLE No. 24.
Cases of Pulmonary Tuberculosis notified during 1937
in age groups.

Ward.	0-5 years.		5-10 years.		10-15 years.		15-20 years.		20-35 years.		35-45 years.		45-65 years.		Over 65 years.		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
North ..	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
South ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stourton ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Boothouse-with-																		
Thorpe ..	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Carlton ..	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Bulton..	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Woodlesford ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Methley ..	0	0	1	0	0	0	0	1	1	1	0	1	1	0	0	0	3	3
TOTAL ..	0	0	1	0	0	0	1	1	3	5	0	1	1	0	0	0	6	7

NOTE.—Of those thirteen notified cases of Pulmonary Tuberculosis, four died during the currency of the same year.

TABLE No. 24a.

**Cases of Non-Pulmonary Tuberculosis notified during 1937,
in age groups.**

Ward.	0-5 years.		5-10 years.		10-15 years.		15-20 years.		20-35 years.		35-45 years.		45-65 years.		Over 65 years.		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
North ..	0	0	1	0	1	0	0	0	0	1	1	0	0	0	0	0	3	1
South ..	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Stourton ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lofthouse-with- Thorpe ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carlton ..	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Oulton ..	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Woodlesford ..	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Methley ..	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	2
TOTAL ..	1	0	2	0	1	1	0	0	0	2	1	2	1	0	0	0	6	4

TABLE No. 24b.

DEATHS FROM PULMONARY TUBERCULOSIS DURING 1937.

Ward.	15-25 years.		25-45 years.		45-65 years.		over 65 years.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
North	1	0	0	0	2	0	0	0	3	0
South	0	0	0	0	0	0	0	0	0	0
Stourton	0	0	0	0	0	0	0	0	0	0
Lofthouse-with-Thorpe ..	0	0	0	0	0	0	0	0	0	0
Carlton	0	1	0	0	1	0	0	0	1	1
Oulton	1	0	0	0	0	0	0	0	1	0
Woodlesford	1	0	0	0	0	0	0	0	1	0
Methley	1	0	0	0	0	1	0	0	1	1
TOTAL	4	1	0	0	3	1	0	0	7	2

It may be noted that, of the gross total of 265 deaths registered in the district, during 1937, from all causes, one death in 27 was due to Pulmonary Tuberculosis, as compared with one in 23 in 1936, and with one in 27 in 1935, and as no death was recorded during

the year from other forms of Tubercular disease, we find that one death in 27 of all district deaths recorded was due to Tubercular Disease, as compared with one in 18 in 1936, with one in 27 in 1935 and with one in 44 in 1934.

Before concluding, I should like, on behalf of the Rothwell Urban Council, to offer thanks for the great service rendered by the Tuberculosis Dispensary, established in this district by the West Riding County Council.

The following small table gives information regarding Sanatorium admissions and discharges during the year.

Table No. 24c.

DETAILS OF SANATORIUM CASES.

1937.

	Ad- missions.	Dis- charges.	Deaths in Sana- torium.
Males	14	10	2
Females	9	5	2
Total	23	15	4

Isolation Hospital.

The most arresting fact which confronts one in the course of a statistical survey of the Hospital's record for 1937 is the striking fall in the admission rate in comparison with the corresponding figures relating to the three preceding years and, in particular, to the one immediately antecedent to it, namely, 1936. During this latter, and ill-omened year, with its 283 admissions, a record was established, that figure representing our "highest ever." In many things in life the word "record" suggests some sort of prideful achievement, but assuredly Infectious Disease is not among the number. The year 1936 broke an admission record which had survived for twenty-two years, that is, from 1914. This simply means that more cases were admitted to this Hospital during 1936 than during any previous year since it was first opened for the reception of patients on June 28th, 1904.

Changed Views : Scarlet Fever and Hospital Admission.—In 1936, as in 1914, we were indebted to one disease, namely Scarlet Fever, for the avalanche of admitted cases, which fact, in light of the yet further fact that, prior to a year or two ago, almost every case of Scarlet Fever recorded in the conjoint area, whose gross population has fluctuated but little in the last twenty-two years,

was removed to hospital, for no sounder reason apparently than that they chanced to be Scarlet Fever, goes to prove that the then existing practice of intensive and indiscriminate removal to Hospital of cases of Scarlet Fever has not, throughout that long period of years, made one iota of difference to the number of cases occurring, —in other words, that removal to hospital exercises no material influence upon the incidence rate of Scarlet Fever, but that, on the other hand, it implies flagrant waste of good bed accommodation and, at the same time, calls for the expenditure of a deal of hard, and quite unnecessary, work on the part of the Hospital Nursing Staff, as well as of a deuce of a lot of good money, with very qualified results. This Authority has, during recent years, become converts to the belief that this preferential treatment of Scarlet Fever, as regards hospital admission, was both unnecessary and unjustifiable and, as the result of this conviction, compulsory retention at home of cases of Scarlet Fever, in which the house possesses adequate isolation facilities, is now the accepted practice in this area, a procedure which is, let me add, working with complete success.

The case of Diphtheria, on the other hand, is on quite a different footing. In my opinion, **every** case of Diphtheria, whether of the positive or even suspect type, ought, in the interests of both patient and outside public alike, to be removed to, and treated in, hospital. Safety demands no less.

An Encouraging Record.—The year 1937 affords, as I have already suggested, a striking and most gratifying contrast to its three immediate predecessors. During 1937, we admitted 131 cases, as compared with the impressive total of 283 in 1936, and with an average figure of 222 for the three years, 1934 to 1936, and it may further be pointed out that, during the year under present discussion, 1937, no more than 104 cases of Scarlet Fever figured in the admission list, as contrasted with 254 such cases during 1936, and even when the 29 cases of Scarlet Fever which, under the new procedure, were retained at home, are added to the admission figure, it will be seen that, despite this “exclusive” policy, the incidence rate of Scarlet Fever was, in this area, in 1937, little more than half that of the preceding year.

As regards Diphtheria, of which every notified case, as well as every recorded suspect case, was admitted to hospital, the records for 1937 are equally encouraging. During that year, a gross total of 25 cases, of which 13 were subsequently proved to be negative, were admitted, as compared with 27 cases in 1936, with 66 in 1935 and with 94 in 1934. Scrutiny of Table A1 in this Report will show details of negative cases admitted—a tally of fully fifty per cent.—deduction of which leaves a net figure of 12 cases of positive Diphtheria admitted during the year and, as I have already pointed out, as every case notified was removed to hospital, the number of cases of Diphtheria actually occurring in the area can be thus accurately gauged.

Typhoid Fever.—No case admitted during the year. As indicative of the almost spectacular manner in which Typhoid Fever has, in those modern days, ceased to be a factor of any material consequence in the public health life of this district, and as, likewise, an illuminating example of the wisdom of dealing with results by elimination of causes, I may record the fact that, during the **sixteen** years combined, 1922—1937, no more than **three** cases of this disease, one each in 1936, 1927 and 1922, have been admitted to hospital—or have occurred in the conjoint area of over 24,000 population.

Not Magic, but Logic.—As a study in contrasts and as, likewise, a convincing proof as to how the declension in Typhoid Fever incidence has been contemporaneous with the advancement in the standard of sanitary administration, of which the abolition of privies and middens may be singled out as a towering example, let me further record the impressive fact that, from the opening of the Hospital in June 1904, until 1921, a grand total of no less than **205** cases of Typhoid, or an average of between **seventeen and eighteen** cases annually, were admitted, the high-water mark being reached in 1911, which claims the notoriety of furnishing no fewer than 44 cases of Typhoid, the year 1904, June 28th—December 31st, likewise contributing the no mean total of 30 cases.

Every story has its moral and this particular one is that if ever you, as a Health Authority, feel the urge to ease off for a bit, to halt by the way as it were, and brake for a period, I recommend, as a means of acquiring renewed virility and enthusiasm, a re-perusal of this true and illuminating story of Typhoid Fever as related above. 1911—forty-four cases of Typhoid; 25 years later—three cases recorded in the last sixteen years combined! What a moral, what a lesson, and, perhaps best of all, what an incentive! Were I asked did I believe in miracles, I should in all likelihood answer with an emphatic “No,” but when, in some idle moment, my mind chances to swing back to the history of Typhoid Fever in this district of Rothwell, I begin to doubt, and confess I am not quite so sure about it.

To complete this discussion on admissions, I may perhaps add that one case of Puerperal Pyrexia, and one of Pneumonia, completed our admission tally for the year.

I may add that, in addition to disease of the type of Scarlet Fever, Diphtheria, and Typhoid, we, likewise, possess in our Isolation Hospital, adequate provision for treating other alien diseases as, for example, Pneumonia, Puerperal Fever, Puerperal Pyrexia, Cerebro-Spinal Fever, and Erysipelas, all of which have, at one time or another, been in residence.

Immunisation.—To revert for a moment to the discussion on Diphtheria, I should like to make passing reference to this particular prophylactic measure. Some two to three years ago, we

conducted an intensive campaign in the Rothwell area, during which large numbers of young children were immunised, and, subsequent to that effort, a less voluminous, but none-the-less, steady, stream of applicants has persisted until now, until to-day, we have, in this area, a proportion of over 1,300 children, equivalent to approximately 40 per cent. of all children between one year and fifteen, who are thus protected against Diphtheria.

Something worth Thinking About.—Now, here comes the moral: the three years, 1933, 1934 and 1935 were each characterised by a heavy Diphtheria rate, with an average figure for those three years of 67 per year. During the two subsequent years 1936 and 1937, when Immunisation had time to make its influence felt, the rate figure had fallen to 26 and this transformation is no mere coincidence, but is, I am convinced, beyond all doubt, directly attributable to the high proportion of protected children in this area. Beyond all this, I may add that, during those two years, **not one** immunised child has been admitted to those Wards from the Rothwell area. I, beyond all argument, am convinced that in Immunisation—a process in itself simple, painless and absolutely safe—we possess a most powerful ally in the direction of safeguarding young children against attack by the most relentless and fatal of all child diseases, and I feel that our efforts should never be relaxed until the whole child population is similarly protected. I submit that this is the only known means whereby such protection may be acquired and through which we may hope, ultimately, to stamp out this most merciless disease.

To afford facilities, through the medium of hospitals, antitoxin, and so forth, for the treatment of child victims of diphtheria is a good, indeed essential, thing, but to reduce to the minimum the risk of children contracting the disease, and to go a long way towards offering a guarantee of recovery if attacked, is surely an infinitely better and, what is even more important, an infinitely safer thing. The moral here is plain to see.

Return Cases of Scarlet Fever.—A return case of Scarlet Fever may be defined as one which occurs in a house to which a discharged patient has recently returned and is a feature of all Isolation Hospitals, in which children, in all degrees of infectivity, are housed together in Wards. A return case figure of four per cent. may be accepted as approximately the average rate for Isolation Hospitals in general, but our experience has been somewhat more fortunate. During 1936, our rate of return cases was 2·9 per 100 patients discharged, whilst our average for the five years precedent to 1936 was no more than 1·2. During the year under present survey, 1937, we have been still more favoured by fortune, as, during that year, only one return case of Scarlet Fever was admitted, thus debiting us with the strikingly low rate of 0·84 per 100 patients discharged. As some rational explanation of the marked discrepancy between the figure for 1936 and that for 1937, it may be pointed out that

whilst, during the former, the Wards were full and crowded practically the year through, our number of inmates during the latter was much lower with, as a corollary of this, a very much lessened intimacy between the bed occupants. As a matter of interest, I may add that this bugbear of return cases of Scarlet Fever is something peculiar to Isolation Hospitals and is one which, owing to the patent impossibility of cross infection, never occurs in the home-retained case—one point, at least, in which the home-retained case of Scarlet Fever scores over the Hospital admitted one.

Mortality Rate.—As, during 1937, only one death occurred in the Hospital, the mortality rate is thus found to be 0·69, beyond all question a most satisfactory and gratifying state of affairs and one which cannot but reflect credit upon the Matron and her Nursing Staff. The rate is calculated per 100 patients discharged and the figures for the three preceding years were 2·13, 3·95 and 4·75 respectively.

BUILDINGS AND GROUNDS.

I can only report that, during the year, the Wards have, with complete success and efficiency, fulfilled their allotted purpose. They have adequately met all demands upon them and have carried out their respective functions in a wholly satisfactory and exemplary manner. It may, I think, be with justice claimed that so far as the area it serves is concerned, the Hospital as at present constituted is, in the fullest sense, competent to offer adequate service and accommodation for all classes of cases coming within its sphere. It may be noted that the administrative control of the Hospital which had, from its opening in 1904, been in the hands of a Committee representing the three constituent bodies comprising the Joint Hospital Board, namely Rothwell Urban, Methley Urban and Hunslet Rural, was, from April 1st, 1937, transferred to the sole charge of the Rothwell Urban District, with which area the two remaining constituent Authorities had, from that date, been amalgamated.

A Deserved Tribute.—From the date of transference, the new controllers have proved themselves no less zealous than were their predecessors, throughout their long reign of some 33 years, as regards their determination to maintain the Hospital at the highest possible level of efficiency. For example, since the new body took over control, two structural schemes, each adumbrated by the former controllers, and each adding considerably to the standard of efficiency of the Hospital, and meeting a long felt want, have been carried to a successful conclusion. I refer, on the one hand, to new and completely equipped lavatory and bathroom provision in Block A, and on the other—an urgent need this and one for which I have long appealed—the erection of four new side Wards in the Diphtheria Block, for isolation, observation, and other purposes,

and, incidentally, at the same time, providing us with eight additional beds in that Block. For those much desired improvements, I, as Medical Superintendent, tender my sincere thanks to the Authority.

The end of the story is not yet. Further improvements, structural and otherwise, are in contemplation, but this is a matter which does not come within the purview of the present Report, although I anticipate, with some confidence, that reference to them as completed schemes will be permissible in the next Annual Report. Without descending to further detail, I feel abundantly justified in offering an assurance to the Authority, and to the public of this area alike, that, in their Isolation Hospital, they possess one in which they may legitimately take pride, a Hospital, modern, excellently equipped, in every sense fully abreast of the times, one, in a word, which is competent to deal successfully with the most severe demands which may legitimately be made upon it.

Looking Ahead.—One more point : Although experience shows that the Hospital, as presently constituted, is capable, in the most exacting sense, of meeting all dues and demands it, as an added asset, possesses, within its own policies, ample and ready provision whereby, if and when needed, its ward accommodation can be doubled. The Hospital possesses excellent essential Services, such as water, drainage and electricity, and extension of those services would be a comparatively simple matter. It may thus be seen that not only present, but all potential future requirements, so far as Isolation Hospital provision and facilities are concerned, are adequately ensured to this area.

With regard to the above essential services, the only matter of consequence to be noted is that it has recently been brought to light that, owing to subsidence from colliery workings, some damage has, in places, been done to the drainage system, but this matter is, at this date receiving attention, and we are assured by the Sanitary Inspector, who has made a detailed survey, that all defects can, at a comparatively small cost, be remedied and made good, and this work is now on the eve of being carried out.

The grounds and gardens have, throughout the year, been well and efficiently looked after by the Porter and it may further be a matter of some interest to note that the gardens go a long way towards providing the necessary vegetable and fruit supply for the year's consumption. The saving in cost to the Hospital's exchequer by this self supply is, obviously, a matter of no small consequence.

STAFF.

A WELL-MERITED ACKNOWLEDGMENT.

During the year, the Nurses, one and all, have worked hard and whole-heartedly. It is not, I am sure, generally recognised to what an extent the work of the Nurses determines the question of

success or otherwise in a Hospital such as this, and if I now say that, during the year, the work was outstandingly successful, that is simply another way of paying tribute, and of offering well-merited commendation, to your Nursing Staff.

In acknowledging, with thanks, the great help which the Matron has given me during the year, I should, at the same time, like to say that the Matron, whose competence as an administrative head is, at all times, clearly reflected in the quality of the work of her staff, has most ably and conscientiously fulfilled her multifarious and responsible duties as controller of the fortunes of the Hospital during the year, domestic, be it remembered, no less than Nursing, a point seldom appreciated. A substantial share of the credit for the smooth and harmonious working of the Hospital machine during the year unquestionably belongs to her.

The following statistical tables show in a concise manner the work carried out in the Wards throughout the year, as well as several other matters of interest and importance.

TABLE No. 25.

Showing the number of Admissions and Discharges of Patients sent in by the various Wards, during the period January 1st to December 31st, 1937.

Ward.	No. of cases in Hospital at end of 1936.	No. of cases admitted during 1937.	Total No. of cases actually in Hospital during 1937.	No. of cases discharged during 1937.	Deaths during 1937.	No. of cases in Hospital at end of 1937.	Total.
North	2	26	28	25	0	3	28
South	4	11	15	15	0	0	15
Stourton	2	17	19	17	0	2	19
Lofthouse-with-Thorpe ..	11	21	32	29	0	3	32
Carlton	1	10	11	11	0	0	11
Oulton	1	16	17	16	0	1	17
Woodlesford	1	8	9	8	0	1	9
Methley	6	22	28	23	0	5	28
Leeds Public Assistance Committee	0	0	0	0	0	0	0
West Riding C.C. (Oulton Hall)	0	0	0	0	0	0	0
TOTAL	28	131	159	144	0	15	159

TABLE No. 25A.

**Showing net number of Admissions after deduction of
NEGATIVE Cases.**

Ward.	Gross Total admissions during 1937.	Negative Cases.	Net admission figure. (Positive Cases).
North	26	5	21
South	11	1	10
Stourton	17	0	17
Lofthouse-with-Thorpe ..	21	2	19
Carlton	10	1	9
Oulton	16	0	16
Woodlesford	8	1	7
Methley	22	3	19
Leeds Public Assistance Committee	0	0	0
W.R.C.C. (Oulton Hall) ..	0	0	0
TOTAL	131	13	118

TABLE No. 26.

**Showing particulars of cases of Admission during 1937.
(Including NEGATIVE Cases.)**

	Scarlet Fever.	Typhoid.	Diphtheria.	Puerperal Pyrexia.	Pneumonia.	Total.
Male ..	41	0	12	0	0	53
Female	63	0	13	1	1	78
	104	0	25	1	1	131

TABLE 27.

Showing particulars of cases of Discharge during 1937.

	Scarlet Fever.	Typhoid.	Diphtheria.	Puerperal Pyrexia.	Pneumonia.	Total.
Male ..	51	0	11	0	0	62
Female	68	0	12	1	1	82
	119	0	23	1	1	144

TABLE 28.

Showing particulars of cases in Hospital at end of 1937.

	Scarlet Fever.	Diphtheria.	Total.
Males	4	2	6
Females	8	1	9
	12	3	15

TABLE No. 29.

Comparing Admissions of 1937 with those of other years.

	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	June 28th, 1904 to Dec. 31st, 1927.	Total since Hospital was opened.
Scarlet Fever ..	104	254	101	115	81	38	55	115	96	130	1,916	3,005
Typhoid ..	0	1	0	0	1	0	0	0	0	0	206	208
Diphtheria ..	25	27	66	94	42	17	31	42	36	19	575	974
Influenza ..	0	0	0	0	0	0	0	0	0	0	4	4
Pneumonia ..	1	1	3	1	0	0	3	0	2	2	19	32
Puerperal Pyrexia	1	0	1	0	0	2	1	0	0	1	0	6
Puerperal Fever	0	0	0	2	4	0	1	0	0	0	0	7
Tubercular Meningitis ..	0	0	0	0	0	0	1	0	0	0	0	1
Cerebro-Spinal Meningitis ..	0	0	0	0	0	1	1	0	0	0	0	2
	131*	283	171	212	128	58	93	157	134	152	2,720	4,239

* See Table 25a.

TABLE No. 30.

Showing Rate of Admission per 1,000 Population.

	Gross Admissions.	Net Admissions.
Scarlet Fever	4.2	4.2
Diphtheria	1.0	0.49
All diseases	5.3	4.8

* See Table 25a.

NOTE.—One death was recorded during 1937, thus giving a general death rate for the Hospital for that year of 0.69 per 100 patients discharged.

**TABULATED RECORDS OF VITAL STATISTICS (1937) AS
RELATING TO THIS AREA**

The two following tables are self-explanatory.

TABLE No. 31.

**RECORD OF VITAL STATISTICS FOR 1937, WITH CORRESPONDING
FIGURES FOR THE PAST DECADE.**

Year.	Population (Estimated.)	No. of Deaths.	No. of Births.	Death Rate per 1,000 inhabitants.	Birth Rate per 1,000 inhabitants.	Deaths under 1 year per 1,000 Births.	Total Noti- fications of Infectious Disease.	Zymotic Death Rate.
*1937	24,350	265	351	10.88	14.41	68.37	252	0.041
1936	15,520	159	227	10.24	14.62	57.27	256	0.257
1935	15,400	164	233	10.64	15.13	38.62	157	0.389
1934	15,430	176	216	11.40	14.00	50.94	226	0.648
1933	15,390	169	180	10.98	11.69	77.8	170	0.195
1932	15,640	159	237	10.16	15.15	40.9	100	0.51
1931	15,639	184	263	11.76	16.6	72.0	140	0.38
1930	15,770	150	257	9.51	16.29	31.0	242*	0.31
1929	15,700	224	235	14.2	14.9	89.0	181	0.25
1928	15,740	180	265	11.4	16.8	71.0	186	0.13
1927	15,630	163	260	10.42	16.63	65.0	80	0.19

* Including 100 cases of Smallpox

TABLE No. 32.

BIRTH-RATES, DEATH-RATES, AND ANALYSIS OF MORTALITY IN THE YEAR 1937.

ENGLAND AND WALES, 125 COUNTY BOROUGHES AND GREAT TOWNS AND 148 SMALLER TOWNS AND LONDON.

	Rate per 1,000 Total Population.		Annual death-rate per 1,000 Population.										Death Rate per 1,000 Live Births.		Maternal Mortality Rates.					
	Live Births.	Still Births.	All Causes	Typhoid and Paratyphoid fevers	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).		Total Deaths under one year.	Per 1,000 Live Births.			Per 1,000 Total Births.		
												Puerperal Sepsis.	Other.		Total.	Puerperal Sepsis.	Other.	Total.		
England and Wales ..	14.9	0.60	12.4	0.0	—	0.02	0.01	0.04	0.07	0.45	0.54	5.8	58	0.97	2.26	3.23	0.94	2.17	3.11	
125 County Boroughs and Great Towns, including London ..	14.9	0.67	12.5	0.01	—	0.03	0.01	0.04	0.08	0.39	0.45	7.9	62		Not available.	Not available.				
48 Smaller Towns (Estimated Resident Populations 25,000-50,000 at Census 1931).	15.3	0.64	11.9	0.00	—	0.02	0.01	0.03	0.05	0.42	0.42	3.2	55		Not available.	Not available.				
London ..	13.3	0.54	12.3	0.00	—	0.01	0.01	0.06	0.05	0.38	0.51	12.0	60		Not available.	Not available.				
Northwell U.D.C. ..	14.4	0.74	10.8	0.00	—	0.00	0.04	0.00	0.00	0.45	0.45	0.0	68	0.00	0.00	0.00	0.00	0.00	0.00	

FOOD INSPECTION.

A REFERENCE TO INSPECTOR'S REPORT.

In the Report of the Inspector, an annex to this one, will be found details and statistical records of food inspection work carried out by him during the year, dealing with, for example, milk supplies and dairies, distribution and retailing of milk, supervision of cowsheds, report on inspection of milk, cattle, and cowsheds by the West Riding County Inspector, details of analyses of milk, with reference to quality standard and dirt contents, food samples, meat and slaughter-house inspection, fish-frying, in short, a comprehensive record of everything with any conceivable relationship to the question of quality and purity of food.

SANITARY ADMINISTRATION.

The Sanitary Inspector, as the responsible official, deals in his Report with, in addition to those activities relative to food above enumerated, all those varied matters coming under this comprehensive heading, such as Scavenging and Refuse Removal, Abatement of Nuisances, Disinfection work and Infectious Disease Investigations, privy conversions, comprehensive records of housing matters, statistical tables of Housing Inspection—everything, in a word, relative to Sanitary Administration.

I should like, at this point, to offer to Mr. Wilson, Senior Sanitary Inspector, my warm thanks for the ready, ever-willing and most valuable assistance he has once again given me throughout the year. Mr. Wilson has again proved himself to be an official of high integrity, zealous, conscientious, and highly capable. The sanitary services of this district owe much to his able and competent administration and direction of affairs. He has, by his work throughout the year, deservedly earned this tribute.

Let me, at the same time, put on record my appreciation of the work, particularly as regards Housing matters, of Mr. Naylor, Assistant Sanitary Inspector. In this class of work, difficult and thankless as it so often is, Mr. Naylor, a most industrious and most competent official, has proved himself an adept and has done yeoman service.

I must, likewise, on behalf of the Rothwell Urban Council, express our profound thanks for the much valued and greatly appreciated services, so generously rendered by Dr. Potts, the County Medical Officer of Health, and his laboratory staff, with regard to bacteriological examinations and other kindred work. This assistance has been invaluable to us, and we owe them a deep debt of gratitude which it now gives me great pleasure to acknowledge.

In conclusion, I should like again, on this occasion, to convey to the Chairman and Members of the Council my appreciation of the consideration and courtesy shown to me by them during the year, and should like, in particular, to extend my thanks to the Chairman and Members of the Health Committee, the Isolation Hospital Committee and the Maternity and Child Welfare Committee, for their unfailing, and much appreciated, support during the year under review.

I beg to remain, Gentlemen,

Yours faithfully,

HUGH STEVENSON,

Medical Officer of Health.

Rothwell, 1938.

ANNUAL REPORT

OF THE

Senior Sanitary Inspector and Cleansing Superintendent, for the year 1937.

To the Chairman and Members of the
Rothwell Urban District Council.

Lady and Gentlemen,

I have the honour now to present to you my sixth Annual Report on the administration of the Health and Cleansing Department.

In my last Report I stated that 1936 would be remembered by the efforts it occasioned. Experience, however, has proved that it was merely the shadow of coming events. On the first of April in the year under review, the Rothwell area was extended to include the then Hunslet Rural District and Methley Urban District, which extension increased the population from 15,520 to 24,350, and the area from 6,024 acres to 10,695 acres. As can be well imagined, this development meant a considerable increase and change in the work and activities of the staff, as neither of the absorbed districts operated schemes or standards identical with ours. The working of these districts had to be correlated with our own, which of necessity required much consideration and considerable effort.

Added to this, I had the misfortune to contract Scarlet Fever, undoubtedly as a result of my duties, but, nevertheless, intensely *infra dig.*, and, I felt, a distinct slight upon the Department. So for six weeks, I was incarcerated "in durance vile" at a time when with all modesty, I think, I could have been useful at my usual post.

In spite of this, however, the work went on, and from the survey of the year's work, which I shall attempt to summarise for your information, it can be seen without any suggestion of doubt, that the whole of the staff have worked assiduously at their several tasks and have produced results to their own and the Council's credit.

The staff was enlarged firstly by the addition of a youth in a temporary capacity to assist in Housing work and, secondly, at the time of my enforced absence, by the transfer from the Methley office, of Mr. G. F. Idle, as Assistant Inspector. Mr. Idle is completing his training for the Sanitary Inspector's Examination and I hope to report in the 1938 Annual Report that he has qualified and been added to the Inspectoral Staff.

Although the Methley and Hunslet areas came within our control on April 1st, 1937, the figures given apply throughout to the period January 1st to December 31st, 1937, for the area as at present constituted. The last Annual Reports for the two districts whose identities are now merged into Rothwell, concluded at December 31st, 1936, and unless the statistics are included here they will, perforce, go for ever unrecorded.

HOUSING.

This phase of our work has, as is customary, received considerable attention, particularly in the absorbed areas, where, for a time, due no doubt, to the impending absorption, housing matters had been to some extent neglected. In the early part of the year, Six Clearance Areas in the old Rothwell district, were represented and accepted by the Council. The six areas comprised 28 houses with a population of 111 persons, and the demolition of the houses concerned will be a further step in eliminating the worst of the houses in that portion of the Urban area. Owing to re-housing difficulties, action was, however, delayed, and the Ministry of Health Inquiry was not held until May, 1938 and, at the moment of writing, the result of that is awaited.

Reference to the Housing Statistics appended will show the amount of ordinary inspection work and improvement to defective dwelling houses which did not merit demolition. A total of 2,555 inspections for Housing and Public Health purposes means a tremendous amount of work when it is remembered that each is a separate visit and of that total 987 Records, as required by the Housing Regulations, were made.

In three cases only, were statutory notices required to enforce the execution of Housing Repairs by the owners, but on the Public Health side, 20 such notices were issued, 14 of which were completed by the owners. The 6 carried out by the Council in default were in respect of Privy Conversions, where it was necessary for the owners to default in order to qualify for payment of half cost by the Council.

About the middle of 1937 following a preliminary survey of the added areas, it became apparent that a considerable amount of Slum Clearance work would be necessary and Mr. Naylor devoted

all the time possible to preparing lists of houses which warranted further detailed scrutiny. So energetically was this task pursued that by November, 377 houses were actually named as requiring the fullest investigation.

These houses will be the subject of fuller comment in the next report but, in passing, I would say that for the next ten years or so, the energies of the Department may easily be absorbed in bringing the worst portions of the Councils "acquisitions" into line with the present-day standard of the old Rothwell Urban District. The course to be followed is :

- 1—The removal, by Demolition and Clearance, of all houses which have served their purpose and are past all remedy and repair.
- 2—The elimination of privies and ashpits in the populated portions of the area. This course will first necessitate overhauling sewers, sewage works, and water, with possible additions thereto.
- 3—The provision of yard pavings and other Public Health necessities for groups of houses which, by repair and maintenance, are likely to last for a number of years.

When, and only when, these improvements are completed, can we look forward to improvements which will raise the standard of the district as a whole.

I would be failing in an obvious duty if I did not at this juncture pay tribute to the work of Mr. Naylor, who is, in the main, responsible for the greater proportion of the Housing details given and who assumed control during my absence and kept the flag flying.

HOUSING STATISTICS.

1.—Inspection of Dwelling-Houses during the year.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,566
(b) Number of inspections made for the purpose ..	2,555
(2) (a) Number of dwelling-houses (included under sub-head (1) above, which were inspected and recorded under the Housing Consolidated Regulations	987
(b) Number of inspections made for the purpose ..	1,119
(3) Number of dwelling-houses needing further action ..	295
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	88
(b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation	207

2.—Remedy of defects during the year without service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	229
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3.—Action under Statutory Powers during the year.

A.—Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—

(1) No. of dwelling-houses in respect of which notices were served requiring repairs	3
(1) No. of dwelling-houses which were rendered fit after service of formal notices	3
(a) By owners	3
(b) By Local Authority in default of owners	0

B.—Proceedings under Public Health Acts :—

(1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	20
(2) No. of dwelling-houses in which defects remedied after service of formal notices	20
(a) By owners	14
(b) By Local Authority in default of Owners	6

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) No. of representations, etc., made in respect of dwelling-houses unfit for habitations	0
(2) No. of dwelling-houses in respect of which Demolition Orders were made	0
(3) No. of dwelling-houses demolished in pursuance of Demolition Orders	0

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	0

4.—Unhealthy Areas.

The following areas were declared Clearance Areas during the year 1937 :—

Area No.			Situation.	Population.	
1	..	..	Carlton	..	12
2	..	..	Thorpe	..	7
3	..	..	Rothwell	..	27
4	..	..	Stourton	..	25
5	..	..	Rothwell Haigh	..	17
6	..	..	Rothwell	..	23

Action was delayed owing to re-housing difficulties.

5.—Number of New Houses Erected during 1937.

(a) By the Local Authority	..	..	..	..	19
(b) By private enterprise	..	..	..	..	136
Total					157

6.—Housing Conditions.

(1) Total number of houses in the District	..	..	6,665
(2) Number of working-class houses included in the above	..	..	6,422

NUISANCES ABATED.

During the year 1937, 233 complaints were received regarding nuisances, all of which were investigated and dealt with as occasion demanded. The complaints were, in the majority of instances, in regard to blockages in sewers, drains and traps, which, following customary procedure, were dealt with by the Cleansing Staff. Only four Informal Notices were required to secure abatement of nuisances remediable by the owners of the property concerned. It is pleasing to note that the total number of complaints received was 28 less than last year, in spite of the increased area, which may perhaps be taken as an indication that tenants generally are taking more care in such matters.

TENTS, VANS AND SHEDS.

The position regarding these structures has been altered somewhat since October 1937, due to the operation of the Public Health Act, 1936, as and from the 1st October, 1937. The Council intimated to caravan dwellers that the full provisions would be enforced after January 1st, 1938, and although the effect of the enforcement does not come within the purview of this Report I may, perhaps, be permitted to remark in advance of the 1938 Report that it has had the effect of clearing most of the caravans from the area.

REFUSE COLLECTION AND DISPOSAL.

There has been no change in the number and type of the refuse carts for the old Rothwell area since 1936, four modern-type, horse-drawn vehicles, with sliding covers and pneumatic tyres being used. In Oulton and Woodlesford, the removal is by open horse-drawn carts, the property of the Council, and in Methley, horses and carts were also used, but only one cart was the property of the Council, the rest of the vehicles and all the horses being hired. Two of the horses were driven by drivers on the Council's staff, but the third was driven by the Contractor. The arrangements were far from satisfactory or efficient in the Methley area, and the matter was thoroughly investigated with a view to modernising and mechanising the type of removal.

It was not until 1938, however, that the changes were effected, so I will leave this to a future report.

In Oulton and Woodlesford, the system was better, but the carts being of the open type are far from dustless or hygienic and will, sooner or later, be listed for improvement.

Disposal for the present continues to be approximately 50 per cent. controlled tips and 50 per cent. to farmers' tips, which are supervised and properly maintained.

A total of 8,696 loads were removed during the year.

Salvage continues to develop and, during 1937, 50 loads of scrap metal, a weight of 41 tons 18 cwts. were sold to contractors at 10/6 per ton. Four loads of glass weighing 2 tons 17 cwts. were also removed, being paid for at £1 per ton for white and 15/- per ton for mixed glass. As I forecast last year the salvage of waste paper was developed and four loads of hand-baled paper were sold to various contractors at prices ranging from £1 to £2 10s. od. per ton. The total weight removed was 20 tons 13 cwts.; quite a profitable proposition.

Towards the end of the year the Council entered into a five years' Contract for the removal of baled waste paper. This is eminently satisfactory, as, although the price is lower than we were originally obtaining, we are given a guaranteed market for a long period.

The termination of the agreement for hiring a machine for the purpose of Cesspool emptying necessitated consideration of the question, and in June, 1937, a Karrier Bantam 500 gallon combined Cesspool and gully emptying machine was bought and is in full time use. In addition to emptying all the cesspools in the extended area, the street gullies in the whole of the area are cleansed

periodically by the Cleansing Department, the Surveyor's Department having terminated the system of emptying by hand scoop and tumbler cart. An agreement was also made with Stanley Urban District Council to empty the Cesspools in that area as required. So, the doubts which were expressed at first as to whether or not full time occupation could be found for the machine and driver have been adequately dispelled, and a further permanent hygienic, and economic method installed.

SANITARY CONVENIENCES.

Four privies and an ashpit serving seven houses and four waste water closets serving four houses were converted during the year eight water closets and seven dustbins being provided, the remainder of the houses already having dust bins. 22 privies and 12 ashpits were also converted under the Methley Urban District Council during the year to 22 Water Closets and 22 dust bins.

Table 1 appended gives the details of the Sanitary Conveniences in the new area so far as it has been possible to obtain them in the time and from the records at our disposal.

TABLE 1.

DETAILS OF SANITARY CONVENIENCES IN THE DISTRICT, **31st DECEMBER, 1937.**

NUMBER AND TYPE OF CLOSETS.					NUMBER AND TYPE OF ASHPITS.			
Water-Carriage System.		Dry System.		Total.	Movable Bins	Dry Fixed Ashpits.	Ashpits Connected with Privies.	Total.
Fresh Water.	Waste-Water or Hand Flushed.	Fixed Receptacles.	Movable Receptacles.					
5,682	101	731	51	6,565	4,587	639	448	5,674

DRAINAGE.

The drains at 145 new houses and at new works, as required, were inspected and smoke tested. All plans submitted for approval by the Council are examined in this office, as regards the proposals in respect of drains and sewers.

Applications for sewer connections are now made to this office and the work performed by the Department.

SMOKE ABATEMENT.

Nineteen observations, each of 30 minutes duration, were taken during the year; four of these concerned one chimney, about which complaints have been made, but out of all the observations, only two contravened the Byelaws, both being in respect of the above chimney. The Manager was interviewed and an improvement was effected. Although the observations show a fairly satisfactory state of affairs so far as they go I am of the opinion that some of the colliery chimneys transgress from time to time, but as they are generally situate away from populous areas, they are often undetected. An attempt is to be made, other work permitting, to have observations made of these with a view to, at least, obtaining correct information.

I have again represented the Council on the West Riding Regional Smoke Abatement Committee and am thus kept informed of the most recent developments and practice.

FACTORIES AND WORKSHOPS.

36 Inspections of factories, workshops and bakehouses were made during 1937, and in 9 cases the sanitary accommodation was found to be insufficient or defective, 7 informal and 2 formal notices being sent. Three of the notices were complied with during the year, the balance being carried forward to 1938.

MILK AND DAIRIES.

No. of Cowkeepers in the district	41
No. of persons registered as Retail Purveyors	86
No. of premises registered as Dairies	66

One cowkeeper holds an Accredited Milk Licence from the West Riding County Council.

Milk (Special Designations) Orders, 1936 and 1938.—The Council, during the year, issued six supplementary Licences under the above Order as follows:—

Tuberculin Tested	2
Pasteurised	4

Milk Sampling.—104 samples of milk were taken during the course of the year and sent for analysis. These were made up as follows, viz. :—

39 informal samples	} Analysed for
26 formal samples	
39 informal samples ..	Analysed for dirt present.

Of those analysed for chemical quality, 3 informal samples were found to be deprived of natural fat, whilst one informal sample contained added water. Formal samples were accordingly taken in connection with three of these milks, two of which were found to be genuine, whilst the third was deficient on appeal to the cow.

The remaining deficient sample was not followed up owing to my illness. A further formal sample of milk was found to be deficient in non-fatty solids, but as this was a sample taken at the actual time of milking, no action could be taken. Below is appended a table showing dirt present in parts per million.

None.	Trace.	0-5 parts.	5-10 parts.
2	7	21	9

As milk containing up to 5 parts per million of dirt is regarded as reasonably clean, and that containing 5 to 10 parts as passably clean, it is apparent that the dirt content of the milk need cause no one any alarm.

The position regarding the milk as a whole is quite satisfactory, sampling showing that, with slight exceptions, the milk produced is genuine and clean. The sheds also are, for the most part kept in a satisfactory condition and the milk producers do try to produce a commodity to the best possible standard.

Veterinary Inspection.—Four inspections of the whole of the milk producing farms in the area have been made in company with the County Veterinary Officer. 141 inspections were made in all and the average number of cows at each inspection was 430. Reports of the Veterinary Inspector are received after each inspection and state that the condition of cows and sheds is satisfactory.

My thanks are tendered to the Veterinary Staff of the West Riding County Council for the courtesy and assistance which is always so willingly afforded. The Veterinary Inspection will soon cease to be under the control of the County Council as, in 1938, the whole service is to be transferred to the Ministry of Agriculture and Fisheries.

FOOD SAMPLING.

21 Informal samples of various foods were sampled and analysed during the year, and the reports show all these to be genuine.

MEAT INSPECTION.

In addition to the 5 Licensed Slaughter houses referred to in previous reports, two Registered Slaughter houses were transferred from Methley Urban District. These, like most slaughtering establishments carried on under Registration provided by the Public Health Act, 1875, are not entirely desirable places, but as the law stands, cannot be altered. The butchers however, keep to the highest standard of cleanliness possible.

410 Inspections were made altogether for the purpose of meat inspection, comprising 372 at slaughter houses, 6 at shops, and 32 at private premises to inspect 58 pigs slaughtered occasionally.

TABLE 2.

CARCASES OF MEAT INSPECTED DURING 1937.

Month. 1937.	Visits.	Frozen.			Fresh.			
		Beef.	Mutton.	Pork.	Beef.	Mutton.	Pork.	Veal.
Jan. ..	32	—	—	—	40	56	35	—
Feb. ..	35	—	—	—	43	58	35	—
Mar. ..	37	—	—	—	42	48	38	10
Apr. ..	28	—	3	—	39½	41	25½	3
May ..	32	—	—	—	43	51	19	4
June ..	32	—	—	—	37	37	25	2
July ..	34	—	—	—	40	50	26	—
August	30	—	—	—	40	62	23	—
Sept. ..	37	—	—	—	38	49	38	4
Oct. ..	34	—	—	—	35	50	30	—
Nov. ..	38	—	—	—	43	62	33	—
Dec. ..	41	—	—	—	36½	56	75	—
Total ..	410	—	3	—	477	620	402½	23

Arising out of the inspections, 1,936 lbs. of meat were condemned and destroyed. The material condemned is surrendered voluntarily and burned by the staff in our tip in chloride of lime.

TABLE 3.

DETAILS OF MEAT CONDEMNED DURING 1937.

Tuber- culosis.	Cirrhosis.	Distoma- tosis.	Pyæmia.	Actino- mycosis.	Oedema.	Total weight in lbs.
1,594	61	5	126	38	112	1,936

OFFENSIVE TRADES.

35 Fish Frying establishments are registered as offensive trades, and have been carried on without nuisance during the year. These establishments will cease to require registration after October 1st, 1940, and will lose the opprobrious cognomen "offensive" which is hardly fitting when applied to food preparation.

The Oleine works which is the other offensive trade has been carried on without complaint or nuisance.

PETROLEUM.

26 Licences were issued under the Petroleum Consolidation Act, 1928, to store a total quantity of 92,200 gallons of Petroleum Spirit. One Licence to store 1,000 lbs. of Carbide of Calcium under the same act was also issued.

The stores are all satisfactory and have been properly kept throughout the year.

Plans were submitted and received the approval of the Council for a bulk storage Depot on the Canal Banks at Fleet Mills, Woodlesford, and the works were commenced but not completed during the year. When in full operation over a million and a half gallons of Petroleum spirit will be stored.

DISINFESTATION AND DISINFECTION.

The principle, evolved during past years, of disinfesting all Slum Clearance property and the tenants' furniture and effects, has been continued, the effects being treated either in the condemned houses or in a van which we possess for the purpose.

The types of disinfestors used are given in the table below.

The houses occupied by prospective Council tenants are inspected prior to completion of the tenancy agreement and disinfestation carried out where necessary. Occupied Council houses are dealt with as necessity demands. Privately owned property is disinfested on request, or where it is found on inspection that this is necessary, but the owner of the property is required to pay for this service.

TABLE No. 4.

Details of Disinfestation during 1937.

	Council Houses.	Other Houses.	Total.
No. of houses found to be infested ..	21	52 (including 8 Slum Clearance)	73
Number disinfested..	21	46 houses and effects. 6 Van loads of furniture	73

	Disinfestor Gaseous Blocks.	Sprayed with Insecticide (Zaldecide).	Total.
Methods Employed	Fumoids —17 houses and 2 van loads of furniture. Lawes' blocks — 37 houses and 4 van loads of furniture. Sulphur —One house.	12	73

Disinfection by formaldehyde is performed after cases of Infectious Disease have been removed to Hospital, or cured, after death, or on change of tenancy if required.

During the year, 153 houses, a total of 219 rooms were treated ; for Infectious disease, 148 houses, 206 rooms, on change of tenancy, 3 houses, 11 rooms ; after death. 2 houses. 2 rooms.

STAFFING AND TRAVELLING.

Now that the extensions of boundary are completed and some conception gained of the extent of the work required, it becomes at once apparent that the question of staffing and travelling facilities, is of primary importance. With the exception of Mr. Idle, the staff is the same as it was prior to the review, and when it is considered, *vide* my early comments regarding housing, cleansing, etc., the amount of work which is before us, it is apparent that the staff will require increasing or, of necessity the work will be slow or some branch of it will be prejudiced.

The question of travelling is also of paramount importance, and although the Council will, in the near future, I believe, consider this question, I would point out that, with an extension of 4,675 acres, giving a total area of 10,695 acres, to any corner of which the proper administration of the Department may take us, the idea once expressed that the district is well served by buses is for ever exploded. To work efficiently and produce results there must be sufficient staff enabled to move around quickly.

The closing note of this Report is, as usual, devoted to thanks. Customary though these are, they are none-the-less sincere and I would record an expression of appreciation of Miss Whittingham, who, in a clerical capacity, executes with accuracy and diligence, her multifarious duties. To all the staff, the Chairman, and Members of the Health Committee, I am grateful for their assistance and support.

To the Medical Officer, I am extremely indebted for his courtesy and co-operation.

I am, Gentlemen,

Your Obedient Servant,

THOS. WILSON.

Rothwell, May 1938.

